

Office of the Yavapai County Attorney
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YAVAPAI COUNTY ATTORNEY'S OFFICE
JOSEPH C. BUTNER SBN 005229
DEPUTY COUNTY ATTORNEY
255 East Gurley Street
Prescott, AZ 86301
Telephone: 928-771-3344
ycao@co.yavapai.az.us

JEANETTE A. CLARK
RECEIVED
NIGHT DEPOSITORY
2010 JUL -8 PM 5:20 ✓

FILED
B. Chamberlain

DEPUTY CLERK

IN THE SUPERIOR COURT OF STATE OF ARIZONA

IN AND FOR THE COUNTY OF YAVAPAI

STATE OF ARIZONA,

Plaintiff,

v.

STEVEN CARROLL DEMOCKER,

Defendant.

Cause No. P1300CR20081339

Division 6

SUPPLEMENT TO STATE'S MOTION
TO EXTEND TIME FOR ADDITIONAL
DISCLOSURE PURSUANT TO RULE
15.6(d)

The State of Arizona, by and through Sheila Sullivan Polk, Yavapai County Attorney, and her deputy undersigned, hereby supplements its motion to extend time for additional disclosure filed July 7, 2010.

At the time of her death on July 2, 2008, Virginia C. Kennedy aka Carol Kennedy had a valid Last Will and Testament that she executed on June 23, 1998. Ms. Kennedy also had two (2) Hartford Life insurance policies, to-wit: 1998 policy no. [REDACTED] in the amount of \$250,000.00; and a 2001 policy no. [REDACTED] in the amount of \$500,000.00. On each life insurance policy Carol Kennedy was the insured and the defendant was the beneficiary. On the policy for \$250,000.00 dollars [REDACTED] the contingent beneficiary was a Testamentary Trust contained in Carol Kennedy's will.

RECEIVED

JUL 09 2010

DIVISION 6

1 A cookie file dated June 1, 2008 was located on defendant's computer entitled
2 "Payment of life insurance benefits in the case of homicide".

3 On August 7, 2008, a petition for Formal Probate of Will; Appointment of Personal
4 Representative and Replacement of Trustee of Testamentary Trust was filed in Yavapai
5 County Superior Court, Cause no. P1300PB20080202. The petition was filed by Katherine
6 "Katie" Democker. Katie is the eldest daughter of the decedent. Katie was represented by
7 attorney Christopher Kottke. This petition represented that the total assets for the estate was
8 the sum of \$284,000. The petition failed to mention the existence of the two Hartford Life
9 Insurance policies. The will contained a Testamentary Trust for the benefit of Carol Kennedy's
10 two daughters, Katie (DOB 5/19/1988) and Charlotte Democker (DOB 10/11/1991). The Trust
11 provided that when each child reached the age of 25 years, one-half of the corpus of the trust
12 was to be distributed to that beneficiary, free of trust. Specifically, the trust stated "While held
13 as a single trust, Trustees shall distribute, from time to time, so much of the net income and
14 principal of the trust to or for the benefit of my children as Trustees, in their discretion, shall
15 determine is necessary or appropriate for the health, maintenance, support and education... of
16 my children."
17
18

19 On August 20, 2008 the defendant filed a death benefit claim as a beneficiary on each
20 of the Hartford Life Insurance policies. Hartford summarily and repeatedly denied defendant's
21 claim "until you have been cleared of any involvement of the death of the insured".
22

23 On February 4, 2009 attorneys Robert Schmitt and Dan Wilson notified Hartford
24 Insurance they represented defendant Stephen Democker "in connection with securing
25 payment and disposition of the proceeds" under the two Hartford life insurance policies
26 aforementioned.

1 On March 3, 2009, the defendant, Steven Democker, disclaimed any and all` interest in
2 the two life insurance policies and as a beneficiary under the will of Carol Kennedy. On April
3 13, 2009, Hartford Life Insurance company issued two checks. The first was in the amount of
4 \$256,803.58 and made payable to the Virginia C. Kennedy Testamentary Trust, Katie
5 Democker, Trustee. The second check was in the amount of \$513,881.11 and made payable to
6 the Estate of Virginia C. Kennedy, Katie Democker personal representative.
7

8 On July 10, 2009 the defendant, Steven Democker, on behalf of Charlotte Democker
9 signed acceptance of the resignation of Katie Democker as Trustee of the Virginia C. Kennedy
10 Testamentary Trust On August 5, 1009 Katie Democker resigned as Trustee of the Virginia C.
11 Kennedy Testamentary Trust, effective on August 15, 2009. On August 5, 2009, the
12 defendant's fiancée, Renee Girard, accepted appointment as successor Trustee of the Virginia
13 C. Kennedy Testamentary Trust.
14

15 On August 12, 2009, \$354,737.54 was transferred from the Estate of Virginia C.
16 Kennedy into the personal account of Katie Democker. On August 27, 2009 \$350,00.00 was
17 wired from Katie Democker's account to John and Janice Democker. An outstanding
18 subpoena is seeking records from John and Janice Democker's account tracing where this
19 money went. It is believed these records will also demonstrate the life insurance proceeds were
20 used to pay defendant's attorney fees.
21

22 On September 21, 2009 Renee Girard executed a Bank of America signature card as
23 Trustee of the Virginia C. Kennedy Testamentary Trust. On October 19, 2009 Renee Girard
24 wire transferred from the Virginia C. Kennedy Testamentary Trust account the sum of
25 \$350,000.00 dollars to the account of Janice Democker. On October 27, 2009 Janice
26 Democker sent out two personal checks. The first was in the amount of \$100,000.00 and

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Sheila Sullivan Polk
YAVAPAI COUNTY ATTORNEY

By: 

Joseph C. Butler
Deputy County Attorney

COPIES of the foregoing delivered this
8th day of July, 2010 to:

Honorable Warren Darrow
Acting as Division 6 Judge
Yavapai County Superior Court
(via email)

John Sears
511 E.. Gurley St.
Prescott, AZ 86301
Attorney for Defendant
(via email)

Larry Hammond
Anne Chapman
Osborn Maledon, P.A.
2929 North Central Ave, 21st Floor
Phoenix, AZ
Attorney for Defendant
(via email)

By: 

EXHIBIT

"A"

July 24, 1998 -#2999 Jan 22, 2001 -#13185	Hartford Life Ins. Policies with Death Benefit of \$250,000: Policy #: [REDACTED]; \$500,000 - [REDACTED] insuring Carol Kennedy. Policies purchased by Steven DeMocker Bates # 025926;025927;025928 and 026082;083,084,085
June 1, 2008	Cookie file from S. DeMocker computer: Payment of life insurance in case of a homicide. Bates # 023487: 023488
July 2, 2008	Homicide of Virginia Carol Kennedy
July 8, 2008	Petition for Probate of Carol Kennedy's Will and Testamentary Trust: Bates #'s 025856 - 025862. Bates #'s 025865 to 025875
August 20, 2008	S. DeMocker files Death Benefits Claim with Hartford for policies on Kennedy. Bates #'s 026112;025920; 026114
Aug. 27, 2008; Oct. 1, 2008; Nov. 21, 2008; Dec. 16, 2008; Jan. 15, 2009	Hartford denies S. DeMocker claims advising they will remain pending until case in which he is a suspect is completed. Bates #'s 025982-025987
September 3, 2008	S. DeMocker sends letter to Hartford asking for a way for him to disclaim the death benefits from either policy and have the proceeds go to his daughters or gifting the money to his daughters in a tax efficient manner. Bates # 026115

Oct. 23, 2008	Steven DeMocker arrested by YCSO detectives
Dec. 14, 2008	K. DeMocker Letter of Person Representatvie. Bates # 026045
Jan. 24, 2008	Broker of record change by S. DeMocker. Bates #'s 026153;54;58-64
February 2, 2009	8:29 hrs: S. DeMocker calls K. DeMocker; asks her how much is left; can she get to it; they will need it; can she mail him the key.
February 4, 2009	Murphy, Schmitt, et al, Letter to Hartford representing S. DeMocker Bates # 026006-08
February 13, 2009	Hartford Letter to Murphy, Schmitt, et al. Bates # 026173
March 3, 2009	K. DeMocker files Death Benefits claim with Hartford for Kennedy's death benefits. Bates # 025853-54
March 13, 2009	Verification of Trust - K. DeMocker Bates # 025890
March 17, 2009	10:39 hrs S. DeMocker calls K. DeMocker; tells her he will make the decision re: the resources under her control; all money is needed for the defense; at 10:55 he calls her again and reiterates the need fo the money.
March 30, 2009	Muphy, Schmitt et al Letter to Hartford with three(3) disclaimers. Bates # 025848-52; 026046.

April 13, 2009	Hartford Life issues check in amount of \$256,830.58 to the Virginia C. Kennedy Testamentary Trust, Katherine DeMocker, Trustee. Bates #025811. Hartford Life issues check in amount of \$256,830.58 to the Virginia C. Kennedy Testamentary Trust, Katherine DeMocker, Trustee. Bates #'s 025811.
April 16, 2009	Deposit (Counter credit) in amount of \$513,661.11 made to Bank of America acct# [REDACTED] Estate of Virginia Carol Kennedy, Katherine DeMocker Personal Representative. Bates # 026261
April 23, 2009	Deposit in the amount of \$256,830.56 made to the Bank of America account number [REDACTED] - Virginia Carol Kennedy Testamentary Trust, Katherine DeMocker, Trustee. Bates# 026292.
July 10, 2009	S. DeMocker signs acceptance of resignation of Katherine DeMocker as Gtrustee of Virginia Carol Kennedy Testamentary Trust and consents to the Appointment of Renee Girard as Trustee of Virginia Carol Kennedy Testamentary Trust with adress of 1716 Alpine Meadows Lane #1405, Bates # 025815
August 17, 2009	K. DeMocker signs resignation of Trustee of Virginia Carol Kennedy Testamentary Trust effective August 15, 2009. Bates # 025813.

August 12, 2009	\$453,984.89 withdrawn from Bank of America [REDACTED] deposited to Bank of America Virginia C. Kennedy Testamentary Trust Account [REDACTED]. Bates #'s 02677, 026304
August 17, 2009	\$354,737.54 withdrawn from Bank of America Account ([REDACTED] V.C. Kennedy Trust) and deposited into Bank of America Acct ([REDACTED]); name of Katherine G. DeMocker. Bates # 026304,0026586
August 27, 2009	K. DeMocker wire transfers \$350,000 to the account of Janice DeMocker. Bates # 026645
August 28, 2009	Renee Girard signs appointment as Trustee of the Virginia Carol Kennedy Testamentary Trust. Bates # 025816.
	Renee Girard signs acceptance as Trustee of the Virginia Carol Kennedy Testamentary Trust. Bates # 025814.
August 28, 2009	Janice DeMocker wire transfers \$250,00 to Osborn Maledon account; transfers \$100,000 to John Sears account. Bates# 026649
Sept. 15, 2009	13:30 hrs. - S. DeMocker calls Renee Girard at 13:30 hrs; discuss Renee's name on the account. DeMocker refers to "shell game....that's legally appropriate." DeMocker tells Renee they shouldn't be talking about this.
Sept. 21, 2009	Renee Girard signs Bank of America signature card as Trustee of the Virginia Carol Kennedy Testamentary Trust Acct# [REDACTED]. Bates# 025817

Oct. 19, 2009	9:12 hrs. DeMocker calls Renee Girard; asks her: "You feel like moving three hundred and fifty thousand around today?"
Oct. 23, 2009	Wire transfer from Bank of America Acct. [REDACTED] in the names of Steven DeMocker/Charlotte DeMocker in the amount of \$350,000 to the Pittsford Federal Credit Union acct# [REDACTED] in the name of Janice Democker. Bates# 026476, 025830
Oct. 27, 2009	Two checks signed by Janice DeMocker's are cashed on Pittsford Federal Credit Union (Acct # [REDACTED]; check # [REDACTED] (dated October 2009) in the amount of \$100,000 to John Sears; check # [REDACTED] (dated October 20, 2009) in the amount of \$250,000 to Osborn Maledon. Bates # 025834-35.
February 4, 2010	Renee Girard visits Steven DeMocker at YCSO jail in Camp Verde. They discuss in detail her as Trustee of Virginia Carol Kennedy Testamentary Trust. Renee states: "which felt icky to me".
April 22, 2010	Lt. Boelts contacts Hartford Life; is advised that Hartford has not paid death benefit premiums for Virginia Carol Kennedy Supplemental report # 160-161; YCSO case: 08-029129.

- ☐ Hartford Life Insurance Company
☒ TT Hartford Life and Annuity Insurance Company



1. Proposed Insured (Last, First, Middle) Kennedy, Carol		2. Social Security Number [REDACTED]	3. Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F
4. Date of Birth 7/25/54	5. Place of Birth Nashville TN	6. Address (Street, City, State, Zip) 7485 Bridle Path Prescott AZ 86305	
7. Employer's Name and Address Prescott College 220 Grove Ave Prescott AZ 86301		8. Occupation and Duties Professor; teaching + advising	
9. Annual Income \$ 40,000 Net Worth \$ 150,000		10. Amount of Existing Life Insurance 500,000 \$350,000	
11. Will this coverage be replacing existing coverage? (Life insurance or annuities) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, please explain)			
12. Within the past 5 years, have you used any form of tobacco or nicotine (for example - cigarettes, cigars, pipes, chewing tobacco, nicotine gum, nicotine patch or nasal spray)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, check the timeframe which indicates your most recent use: Within 12 months <input type="checkbox"/> Within 3 Years <input type="checkbox"/> Within 5 Years <input type="checkbox"/>			
13. It is best to contact me at the following time and phone number: best time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM phone number (520) 776-8761			

14. Beneficiary(ies)	Relationship to Proposed Insured	% of Death Benefit
Steven DeMocker	spouse	100%
15. Contingent Beneficiary(ies)	Relationship to Proposed Insured	% of Death Benefit
Trust created under will dt 11/6/23/85	Katharine DeMocker + Charlotte DeMocker, daughters	100%

16. Plan of Insurance Level Term	17. Face Amount 250,000	18. Premium Payment Mode <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other	19. Additional Benefits
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Complete only if Owner is other than Proposed Insured

20. Policy Owner (Last, First, Middle) DeMocker, Steven Carroll	21. Social Security Number [REDACTED]	22. Relationship to Proposed Insured spouse
23. Billing Address (Street, City, State, Zip) 7485 Bridle Path Prescott AZ 86305		24. Owner is: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Trustee

25. Special Requests



SUPPLEMENT TO APPLICATION

Explain "yes" answers in the space provided.		YES	NO
1. Have you had insurance rejected or offered with an extra premium? If "yes", explain:		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Have you been convicted of, pleaded guilty or no contest to driving under the influence of alcohol and/or drugs, speeding, reckless driving or had your license suspended in the past? Nature of offense <u>NA</u> Date offense occurred <u>NA</u>		1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3. Have you ever been convicted of, pleaded guilty or no contest to a felony or misdemeanor other than a minor traffic violation? Nature of offense _____ Date offense occurred _____		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are you a member or do you intend to become a member, of the armed forces, including the Reserves? If "yes", explain:		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Do you intend to travel outside the U.S. or Canada within the next two years? If "yes", explain: HOPES TO GO TO SURINAME NEXT SUMMER 1999 2 WEEKS-WHATEVER SHE CAN AFFORD .. END OF PREVIOUS QUES. ..		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Do you participate in motor sports (hang-gliding, soaring, sky-diving, ballooning, etc.)? If "yes", explain:		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Jumps/Flights per year	Total # of jumps/flights	Name of Club	Date Last Jump/Flight
7. Do you race, test or hunt drive automobiles, motorcycles, motor boats, or jet powered vehicles, or do you use or race snow mobiles, dirt bikes, snow buggies, etc.?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "yes", complete below:			
Type of vehicle	Type of terrain/course	# of Races or Use/year	Date of Last Race or Use

Form HL-14893

CAROL C KENNEDY

025927

Printed in U.S.A.

5 7

0440 682 209 1 ON XVI

0102NY1304

KY 16-11 KEX 86-01-807

Explain "yes" answers in space provided.				YES	NO
8. Do you participate in skin or scuba diving? If "yes", complete below:				<input type="checkbox"/>	<input checked="" type="checkbox"/>
Depth of Dives	# of Times per Year	Name of Club	Date of Last Dive		
9. Do you participate in any other hazardous sports or activities (mountain climbing, competitive skiing, rodeos, etc.)? If "yes", explain:				<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Have you ever engaged in or do you plan to engage in any aviation activity other than as a fare-paying passenger? If "yes" complete the remainder of this section.				<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. What types and kinds of planes do you fly or intend to fly?					
PERSON	FLIGHT STATUS	PILOT-MILITARY OR RESERVE	PILOT-CIVILIAN	CREW MEMBER	
	Hours flown Past 12 Mos.				
	Hours flown 1-12 Months				
	Hours flown 12 Months				
	Total Solo Hours	Total Hours Flown as a Pilot		Date of Last Flight	
12. Type of Pilot's Certificate(s) or Rating(s)? (check as appropriate) <input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> AER <input type="checkbox"/> IFR Year Issued: _____					
13. If aviation avocation does not qualify for aviation coverage without additional premium, issue policy as follows: <input type="checkbox"/> Aviation Coverage with Extra Premium <input type="checkbox"/> Aviation Exclusion Rider					
REMARKS - IDENTIFY QUESTION, PROPOSED INSURED, AND ADDITIONAL DETAILS					

I hereby declare to the best of my knowledge and belief that the foregoing answers are complete and true. I agree that the information given herein shall supplement and shall become a part of my application for insurance.

Dated at Prosscott, H² this 12 day of Aug 1988
 Witness Larry R. Kiser Proposed Insured [Signature]

Form 211 (1083)

CAROL C KENNEDY

01 4

0510 EBL 003 1 ON XV:

010000000000 XV 10 11 NOV 86-01-12V

025928

- ☐ Hartford Life Insurance Company
☐ Hartford Life and Annuity Insurance Company

Hartford Life

101 Proposed Insured (Last, First, Middle) Kennedy, CARL V		102 Social Security Number [REDACTED]		103 Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	
104 Date of Birth 07/25/54		105 City & State of Birth Nashville, TN		106 Address (Street, City, State, Zip) 7495 Bridge Park, Prescott AZ 86305	
107 Employer's Name and Address		108 Occupation and Duties Home Maker			
109 Annual Income \$400,000 (Household)		110 Amount of Existing Life Insurance Hartford and through husband's employer			
111 Net Worth \$500,000 (Household)		112 Was this coverage replacing existing coverage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please give policy details)			
113 Within the past 5 years, have you used any form of tobacco or nicotine (for example - cigarettes, cigars, pipes, chewing tobacco, nicotine gum, nicotine patch or nasal spray)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
114 If Yes, check the timeframe which indicates your most recent use: Within 12 months <input type="checkbox"/> Within 3 Years <input type="checkbox"/> Within 5 Years <input type="checkbox"/>					
115 It is best to contact me at the following time and phone number: best time <input type="checkbox"/> AM <input type="checkbox"/> PM phone number 1520 176-8761					

116 Beneficiary(ies) STEVEN C DEMOCKER	Relationship to Proposed Insured SPOUSE	% of Death Benefit 100%
117 Contingent Beneficiary(ies)	Relationship to Proposed Insured	% of Death Benefit

118 Plan of Insurance Level Term	119 Face Amount 500,000	120 Premium Payment Mode <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other	121 Additional Benefits
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Complete only if Owner is other than Proposed Insured

122 Policy Owner (Last, First, Middle) DEMUCKER, STEVEN C		123 Social Security Number [REDACTED]		124 Relationship to Proposed Insured SPOUSE	
125 Mailing Address (Street, City, State, Zip) 7485 Bridge Park, Prescott AZ 86305		126 Owner is: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Trustee			

127 Special Requests

026082

DECLARATION AND ACKNOWLEDGMENT

Each of the undersigned declares that the statements and answers contained in this application are complete and true to the best of each person's knowledge and belief; and each agrees that coverage can take effect only if the Proposed Insured is alive and all answers material to the risk are still true and complete when the policy is delivered and paid for. We agree that the statements and answers contained in this application shall form the basis of any contract for life insurance that may be issued; and, a copy of this application shall be attached to and made part of the policy.

We understand that no insurance coverage will be issued or become effective until additional satisfactory evidence of insurability is obtained.

We agree that only an Officer of the Company may deliver the terms of the application, the policy, or waive any of the Company's rights or requirements.

Signed Parent or Guardian if under 18 years of Age 12 in 22 day January, 2001
Signature of Applicant if other than Proposed Insured

Do you as licensed agent have reason to believe the policy applied for will replace existing annuities or life insurance?
☒ Yes ☐ No

Policy Code 1 F.D. 1 Code 1
210-775-7750 / Fax 779-2771
Agent Phone Number / Fax Number

Steven C. DeMcker
Agent Name (Please print clearly)
Agent State (Please print clearly)

III. AUTHORIZATION TO OBTAIN, RELEASE, AND DISCLOSE INFORMATION

I authorize Hartford Life Insurance Company or Hartford Life and Annuity Insurance Company (Hartford) to complete a Personal History Interview and to obtain an Investigative Consumer Report on me. I authorize the release of any medical or non-medical information that relates to: (1) past or current health conditions including illnesses, diseases, disabilities, disorders, accidents, or injuries; (2) confinement in any hospital, medical facility, or medical clinic; (3) outpatient treatment in any hospital, hospital emergency room, medical facility, or clinic; (4) treatment for alcohol abuse, drug abuse, or mental health protected by Federal Law.

This information may be released by any doctor, medical professional, health practitioner, therapist, counselor, hospital, clinic, insurance reinsurer, consumer reporting firm, employer or other medical information business (MIB) that has records or knowledge of my health. This information may be released for the purpose of determining eligibility for insurance under a new or an existing policy.

This information may be released to Hartford or to their legal representative. I understand that the MIB will release records of information only to Hartford.

Hartford may release the information to their client(s) or their reinsurer; the MIB; any other insurance company to whom I apply for life or health insurance; or other persons and/or organizations performing business or legal services in connection with this application or a claim. Except as specified, this information will not be given, sold or transferred to any person without first obtaining my consent. This consent must be written and state the use and the need for such information.

I understand that if I request details about any of the medical information gathered about me which relates to this application: (a) the medical information; and (b) the identity of the medical care institution or the medical person who provided the information; shall be released to me or to a licensed medical person of my choice.

Upon written request, I will receive details of the method I must use to exercise my right to access, correct and amend any information gathered about me which relates to this application. I reserve, upon written request, the right to use this consent form except to the extent that action has already been taken. A photocopy of this consent form is as valid as the original. When requested in writing, I will receive a copy of this form. This order of form is valid for two years from the date of the contract, or, one year from the date below, if no contract has yet been issued.

Dated January 22, 2001 Signed Steven C. DeMcker
Proposed Insured (Parent or Guardian if under 18 years of Age)

Form HL-1000(00)

Printed in U.S.A.

026083



Carol Kennedy

SUPPLEMENT TO APPLICATION

Explain "yes" answers in the space provided.

1. Have you had insurance rejected or offered with an extra premium?
If "yes", explain:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. Have you been convicted of, pleaded guilty or no contest to driving under the influence of alcohol and/or drugs, speeding, reckless driving or had your license suspended in the past?
Nature of offense _____ Date offense occurred _____

year	<input type="checkbox"/>	<input checked="" type="checkbox"/>
years	<input type="checkbox"/>	<input checked="" type="checkbox"/>
years	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(A2) DL# 4147657702

3. Have you ever been convicted of, pleaded guilty or no contest to a felony or misdemeanor other than a minor traffic violation?
Nature of offense _____ Date offense occurred _____

<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	-------------------------------------

4. Are you a member, or do you intend to become a member, of the armed forces, including the Reserves?
If "yes", explain:

<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	-------------------------------------

5. Do you intend to travel outside the U.S. or Canada within the next one year?
If "yes", explain:
going to Ireland for vacation (through husband's work)
June 2001, Aug stay 6 days.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

6. Do you participate in aerobics (hang-gliding, sailing, sky-diving, ballooning, etc.)?
If "yes", explain:

<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	-------------------------------------

Jumps/Flights per year	Total # of Jumps/Flights	Name of Club	Date Last Jump/Flight
7. Do you ride, test or stunt drive automobiles, motorcycles, motor boats, or jet powered vehicles, or do you use or race snow mobiles, dirt bikes, dune buggies, etc? If "yes", complete below:			
Type of vehicle	Type of terrain/course	# of Races or Uses/year	Date of Last Race or Use

Explain "yes" answers in the space provided.

8. Do you participate in skin or scuba diving?
If "yes", complete below:

Depth of Dives	# of Times per Year	Name of Club	Date of Last Dive

9. Do you participate in any other hazardous sports or activities (mountain climbing, competitive skiing, rodeo, etc.)?
If "yes", explain:

10. Have you ever engaged in or do you plan to engage in any aviation activity other than as a fare-paying passenger?
If "yes", complete the remainder of this section.

11. What types and kinds of planes do you fly or intend to fly?

PERSON	FLIGHT STATUS	PILOT-MILITARY OR RESERVE	PILOT-CIVILIAN	CREW MEMBER
	Hours flown Less 12 Mos. Hours flown 1-2 yrs ago Hours flown 23 Months			
	Total Solo Hours	Total Hours Flown as a Pilot		Date of Last Flight

12. Type of Pilot's Certificate(s) or Rating(s) (check as appropriate)
☐ Student ☐ Private ☐ Commercial ☐ ATR ☐ IFR
 Year issued: _____

13. If aviation avocation does not qualify for aviation coverage without additional premium, issue policy as follows:
☐ Aviation Coverage with Extra Premium ☐ Aviation Exclusion Rider

REMARKS - IDENTIFY QUESTION, PROPOSED INSURED, AND ADDITIONAL DETAILS

I hereby declare to the best of my knowledge and belief that the foregoing answers are complete and true. I agree that the information given herein shall supplement and shall become a part of my application for insurance.

Insured by: Prescott A7 # 15 Date: 1/20/66
 Agent: Charles Soto # 140
CHERRY Soto # 140
 Agent: Annal Kennedy # 140

026085

payment of life insurance benefits in the case of homicide

Type:					
Index Type:					
Last Visited:					
Server Modified:					
User:					
History File:					
Resource:					
URL:					
Redirect Cache					
Time Zone Setting:					
File Offset:					

023487

Original Source: C:\Documents and Settings\Steven DeMocker\Local Settings\Temporary Internet Files\Content.IE5\index.dat
Report: 1/29/2010 Computer Forensic Examination Report\Item 411 Advanced Evidence Report – Selected Entries.pdf

Cookie file: steven_democker@209.85.141[1].txt

Created Date: 06/01/08 12:57:56PM

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995580.04#1275419421
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585989776
29934619
*
rsi_ct
2008_6_1:1
209.85.141.104/
1600
1318353280
29934820
608339776
29934619
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CP
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209.85.141.104/
1600
1761935360
30785590
654589776
29934619
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1600
684394880
30081470
928959776
29934619
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=
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BY: N. Seguin

Christopher L. Kottke
AZ State Bar No. 015857
VAKULA + KOTTKE, PLC
212 EAST GURLEY STREET
PRESCOTT, ARIZONA 86301
Telephone (928) 445-1785

ATTORNEYS FOR Petitioner

ARIZONA SUPERIOR COURT
YAVAPAI COUNTY

IN THE MATTER OF THE ESTATE OF: }

No. PB: 2008-0222

VIRGINIA CAROL KENNEDY

PETITION FOR FORMAL PROBATE
OF WILL; APPOINTMENT OF
PERSONAL REPRESENTATIVE;
AND REPLACEMENT OF TRUSTEE
OF TESTAMENTARY TRUST

Deceased.

Petitioner, Katherine G. DeMocker (the "Petitioner"), by and through counsel undersigned, hereby files her Petition for Formal Probate of Will; Appointment of Personal Representative and Replacement of the Trustee of Testamentary Trust, and respectfully requests this Court to schedule a hearing to determine the issues stated herein.

1. The Petitioner files this Petition as an interested party in this Estate because she is an adult surviving child of Virginia Carol Kennedy (the "Decedent").

2. The Decedent died on July 2, 2008, at the age of 53 years. A copy of the Decedent's death certificate is attached hereto as Exhibit "A". At the time of death, the Decedent was domiciled in Prescott, Yavapai County, State of Arizona. Also attached under Exhibit "A" is correspondence from Arizona Ruffner Wakelin Funeral Home, dated August 1, 2008, indicating the length of time to receive a certified copy of the death certificate. The request for a certified copy of the death certificate was made on July 30, 2008, the earliest date possible to make such request. Petitioner will supplement this Petition with a certified copy, upon receipt of such copy.

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1 3. The original of the Decedent's Will, dated June 23, 1998, is attached hereto
2 as Exhibit "B".

3 4. The Decedent is survived by the following two (2) children, who are also the
4 sole heirs of her estate:

<u>Name</u>	<u>Age</u>	<u>Heir</u>	<u>Relationship</u>
Katherine G. DeMocker	Majority	Yes	Daughter
[REDACTED]			
Prescott, Arizona 86303			

Charlotte R. DeMocker	Minority	Yes	Daughter
[REDACTED]			
Prescott, Arizona 86303			

12 5. Venue for this proceeding is in this county because the Decedent was
13 domiciled in Yavapai County, Arizona, at the time of her death.

14 6. No Personal Representative of Decedent's Estate has been appointed in this
15 State or elsewhere.

17 7. Petitioner has not received a demand for notice and is not aware of any
18 demand for notice by any interested person of any proceedings concerning Decedent in
19 this State or elsewhere.

20 8. Petitioner believes that the Will, dated June 23, 1998, was validly executed
21 and is the Decedent's last Will and after the exercise of reasonable diligence, the
22 Petitioner is unaware of any instrument revoking the Will.

24 9. A.R.S. § 14-3108 allows this probate to commence because no probate had
25 been commenced since the time of Decedent's death.

10. The Personal Representatives named in Decedent's last Will are listed as follows: (1) Steven C. Democker as Primary Personal Representative; and (2) James DeMocker and Laura Tuck as Secondary Personal Representatives. On May 28, 2008, approximately six weeks prior to the Decedent's death, the Decedent and Steven C. DeMocker divorced. James DeMocker and Laura Tuck are Steven DeMocker's brother and sister-in-law. Therefore, pursuant to A.R.S. § 14-2804, Termination of Marriage; Effect, all of the named individuals in Decedent's Will are statutorily disqualified to serve as Personal Representative.

11. The Petitioner is the Decedent's eldest daughter, and is twenty (20) years old. Pursuant to A.R.S. § 14-3203, Priority Among Persons Seeking Appointment as Personal Representative, and based upon the foregoing disqualification of the named individuals in Decedent's last Will, the Petitioner has priority for appointment and requests the Court to appoint her as Personal Representative of the Decedent's estate. There are no other individuals having a prior or equal right to appointment under A.R.S. § 14-3203.

12. The Decedent's last Will contained provisions which, upon her death, was to create a residual testamentary trust for the benefit of her children until the children attain the age of twenty-five (25) years. The Decedent's Will named James DeMocker and A.G. Edwards Trust Company ("A.G. Edwards") as the co-trustees of the trust to be created. Pursuant to A.R.S. § 14-2804, James DeMocker is disqualified from acting as trustee because he is the brother of the Decedent's former spouse.

13. With respect to the corporate trustee of the trust, at the time the Decedent created her last Will, her former spouse, Steven DeMocker, was employed by A.G. Edwards. Mr. DeMocker terminated his employment with A.G. Edwards in September of 2003. It is Petitioner's belief that the Decedent would not wish A.G. Edwards to serve as trustee of the trust based upon Mr. DeMocker's separation of employment with A.G. Edwards. Furthermore, and more important, the Petitioner submits that the Decedent's residual estate will likely be of a limited value and A.G. Edwards' trustee fees would not be cost effective for the trust to absorb. To that end, Petitioner has requested A.G. Edwards to execute a Renunciation, prepared by the Petitioner, of its duties as trustee. To date, A.G. Edwards has not executed said Renunciation.

In light of the foregoing, the Petitioner respectfully requests this Court to remove A.G Edwards (nka "Wachovia Services") as trustee of the trust and to replace Wachovia Services with the Petitioner as trustee of the trust. Should Wachovia Services execute the Renunciation to act as trustee, such shall be supplemented to this court before the date established for hearing on the matter.

14. Bond is not required of the Personal Representative because it has been waived in the Will.

15. Petitioner's best estimate of the value of the property owned by Decedent at the time of her death, and subject to the probate jurisdiction of the Court is as follows:

Real Property:

7485 Bridle Path, Prescott, Arizona
(Less encumbrance)

\$ 450,000
(\$ 450,000)

\$ 0.00

1 Personal Property:

2 Vehicles:

2004 Acura MDX \$ 15,000

3 Miscellaneous Accounts:

4 Bank of America Checking/Savings Accounts \$ 108,000

5 One-half interest in a Deferred Compensation Stock Award \$ 145,000

6 (Current vested amount, but not matured)

7 Other Personal Property:

8 Miscellaneous Furniture and Furnishings \$ 10,000

(Located at Decedent's residence)

9 Miscellaneous Artwork \$ 6,000

10 (Located at Decedent's residence and various galleries in Prescott)

\$ 284,000

11 TOTAL \$ 284,000

12 16. Petitioner submits that the Yavapai County Sheriff's Office may have in their
13 possession, various financial records belonging to the Decedent, which records are
14 unknown at this time, but which shall be supplemented to this court when or if the
15 Yavapai County Sheriff's Office agrees to release the identity of such items to the
16 Petitioner.

17
18 WHEREFORE, and based upon the foregoing, Petitioner requests that the Court,
19 after a hearing is held pertaining to the foregoing matters, to issue a judicial Order which:
20

21 A. Makes the findings required by A.R.S. 14-3409, including that
22 Decedent's Will is valid, is Decedent's last Will, and has not been revoked;

23 B. Admits said Will to probate;

24 C. Appoints Katherine G. DeMocker as Personal Representative to
25 administer Decedent's Estate, without bond;
26

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212 EAST GURLEY STREET
PRESCOTT, ARIZONA 86301
Telephone (928) 445-1765

1 D. Terminates the nomination of Wachovia Services, as trustee of the
2 trust to be created for Decedent's minor children; and

3 E. Appoints Katherine G. DeMocker as trustee of the testamentary trust
4 created under the Will of the Decedent.

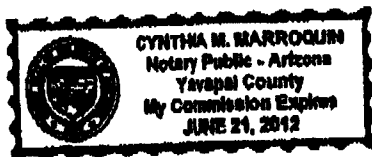
5 DATED this 7th day of August, 2008.

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7
8
9 Katherine G. DeMocker, Petitioner
10 c/o Christopher L. Kottke, Esq.
11 Vakula Kottke, PLC
12 212 E. Gurley Street
13 Prescott, Arizona 86301

13 STATE OF ARIZONA)
14) ss.
15 County of Yavapai)

16 Katherine G. DeMocker, being duly sworn, states as follows:

17 That she is a surviving child of Virginia Carol Kennedy and the Petitioner in the
18 foregoing Petition; that the statements in the Petition are accurate and complete to the
19 best of her knowledge and belief.



22
23
24 Katherine G. DeMocker

25 Subscribed and sworn to before me, the undersigned Notary Public, this 7th
26 day of August, 2008, by Katherine G. DeMocker.

27 My Commission Expires:

28
Notary Public

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212 EAST GURLEY STREET
PRESCOTT, ARIZONA 86301
Telephone (928) 445-1765

1 VAKULA KOTTKE, PLC

2

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By 

4

Christopher L. Kottke
212 East Gurley Street
Prescott, Arizona 86301
(928) 445-1765
Attorneys for Petitioner

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ORIGINAL filed this 9th day
of August, 2008 with:

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Clerk of the Court
Yavapai County Superior Court
120 S. Cortez Street
Prescott, Arizona 86303

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COPIES mailed to:

Charlotte R. DeMocker
c/o Steven DeMocker
1716 Alpine Meadows Lane, #1405
Prescott, Arizona 86303
Beneficiary/Heir

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Wachovia Services
(fka A.G. Edwards Trust Services)
One North Jefferson
St. Louis, Missouri 63103
Named Trustee in Decedent's Will

By: 

Last Will and Testament

of

CAROL KENNEDY

I, Carol Kennedy, a resident of Yavapai County, Arizona, do make, publish and declare this to be my Last Will and Testament, hereby revoking any and all prior wills and codicils.

FIRST: Declarations. My full name is Virginia Carol Kennedy. Normally I signed my name as Carol Kennedy. I am married to Steven C. DeMocker. All references in this Will to "my husband" are to him. I have two (2) children, namely: Katherine Gray DeMocker, born May 19, 1988; and Charlotte Rose DeMocker, born October 11, 1991. All references in this Will to "my children" shall refer to Katherine, Charlotte, and any other child born or adopted by my husband and me after the date of this Will.

SECOND: Payment of Debts and Expenses. I direct that my just debts be paid in accordance with their respective due dates, including funeral expenses and expenses of last illness, and that costs of administration of my estate and other appropriate expenses be paid in accordance with applicable law.

THIRD: Bequest of Community Interest in Qualified Retirement Plan. I bequeath to my husband, if he survives me, any community property interest I may own at the time of my death in (i) any Keogh Plan, Individual Retirement Account or similar account or plan held in my husband's name, and (ii) any pension or profit sharing plan connected with my employment. If my husband fails to survive me, this bequest shall lapse.

FOURTH: Bequest of Tangible Personal Property. I bequeath all of my tangible personal property to my husband, if he survives me. If my husband does not survive me, I direct my Personal Representative to distribute my tangible personal property as set forth in a separate written statement prepared by me for that purpose in which I describe items of property and designate the persons to receive such property. In the absence of such a statement or to the extent that all my tangible personal property is not included in the statement, I bequeath all the rest of my tangible personal property to my children who survive me, in shares of equal value as they agree. If my children cannot agree on a division, my Personal Representative shall make the division and distribution in as nearly equal shares as my Personal Representative, in his or her discretion, deems practicable. The term "tangible personal property" shall include jewelry, clothing, household furniture and furnishings

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and all other tangible articles of household use or of a personal nature, but shall exclude motor vehicles. My Personal Representative may assume that no written statement exists if none is found within sixty days after my death.

FIFTH: Devise of Residue of Estate. I devise all the rest, residue and remainder of my estate, real and personal, of whatsoever character and wheresoever situate to my husband, if he survives me.

SIXTH: Trust for Children. In the event that my husband does not survive me, I devise all the rest, residue and remainder of my estate, real and personal, of whatsoever character and wheresoever situate to my Trustees hereinafter named in trust to hold, invest, reinvest and distribute for the following uses and purposes:

6.1 Trust Beneficiaries: The beneficiaries of the trust shall be my children.

6.2 Single Trust for Children: My Trustees shall hold the trust estate as a single trust until my oldest child has attained the age of twenty-five (25) years, or sooner died. While held as a single trust, Trustees shall distribute, from time to time, so much of the net income and principal of the trust to or for the benefit of my children as Trustees, in their discretion, shall determine is necessary or appropriate for the health, maintenance, support and education (including college and other post-secondary school training and graduate school or professional school education) of my children. The discretion granted to my Trustees shall include the right to accumulate any part of the net income and add it to the principal and shall include the right to exhaust principal for the purposes specified. In selecting individuals and determining distributable amounts, Trustees shall consider the respective needs of my children, and Trustees need not attempt to equalize distributions between or among my children. While my children are minors, the guardian or guardians for my children may need to enlarge their existing home to accommodate my children and may need to supplement any lost family income caused by increased expenses or the necessity of a guardian staying home to care for the children. Trustees are authorized to make distributions and/or expenditures for these purposes, even though the guardian or guardians may benefit from such distributions and/or expenditures. In exercising its discretion, Trustees shall be guided by my desire (i) to provide for the education of my children and to encourage them to obtain a college degree, and (ii) to provide adequately for the health of my children.

6.3 Division of Trust into Separate Trusts: As soon as reasonably practicable after my oldest child has attained the age of twenty-five (25) years, or sooner died, Trustee shall divide the trust estate into equal shares to create one share for each then living child of mine and one share for the then living

descendants, collectively, of each deceased child of mine. Each share created for a then living child of mine shall be held as a separate trust to be administered pursuant to Paragraph 6.4 hereof. Each share created for the then living descendants of a deceased child of mine shall be distributed to such descendants, per stirpes, subject to postponement of the possession as provided in Paragraph 6.5 hereof.

6.4 Distribution of Separate Trusts For Children: With respect to separate trusts for my children:

6.4.1 Each share created for a then living child of mine who has attained the age of twenty-five (25) years shall be distributed as soon as reasonably practicable outright and free of trust to such child.

6.4.2 Each share created for a then living child of mine who has not attained the age of twenty-five (25) years shall continue in trust until such child has attained the age of twenty-five (25) years, or sooner died. Trustees shall distribute, from time to time, so much of the net income and principal of the trust to or for the benefit of the that child as Trustees, in their sole discretion, shall determine is necessary or appropriate to provide adequately for the health, maintenance, support and education (including college and other post-secondary school training and graduate school or professional school education) of that child. Any income not so distributed, shall be accumulated and added to the principal.

6.4.3 On the death of a child prior to the distribution of the balance of the trust estate established for that child, Trustees shall distribute the then remaining principal and undistributed income to or among such person or persons or to the estate of that child in such amounts or proportions, and in such manner, including outright or in trust, as that child shall appoint in his or her last will, if such makes specific reference to the exercise of this general power of appointment.

6.4.4 On the death of a child of mine, if or to the extent that distribution is not made pursuant to the exercise of the general power of appointment granted in subparagraph 6.4.3, Trustees shall distribute the balance of the principal and undistributed income of such separate trust to that child's surviving descendants, per stirpes, subject to postponement of possession as provided in Paragraph 6.5 hereof, or, if such child does not have surviving descendants, Trustees shall distribute such principal and undistributed income to my then living descendants, such descendants to take per stirpes. Any share accruing to the then living descendants of a deceased child of mine may be distributed to such descendants subject to postponement of possession as provided in Paragraph 6.5 hereof.

6.5 Postponement of Possession: If, by any of the foregoing provisions, any distribution is required to be made to a minor, the interest so required to be distributed shall be indefeasibly vested in the minor, but Trustees may retain the amount distributable until the minor attains the age of twenty-one (21) years or dies, whichever first occurs, and Trustees may pay so much of the income and principal to or for the benefit of the minor as in Trustees' discretion is necessary to provide for his or her health, education, maintenance and support in reasonable comfort. Any income not distributed may be added to the principal of such interest and invested as a part thereof. When the minor attains the age of twenty-one (21) years or dies, whichever first occurs, the then remaining principal and undistributed income shall be distributed to him or her, if living, or to his or her estate if deceased. As an alternative to the retention of a minor's share in continued trust, Trustees may distribute such share to such person as the Trustees may reasonably determine, as custodian under the Uniform Transfers to Minors Act, for the benefit of such minor.

6.6 Distribution If No Other Takers: If, or to the extent, the above provisions do not provide for distribution of the trust estate, or any part thereof, such interest shall be distributed free of trust, upon termination of all prior estates or interests, as follows: one-half (1/2) thereof to my heirs, and one-half (1/2) thereof to my husband's heirs, as determined by the laws of intestacy of the State of Arizona as then in effect.

SEVENTH: Distribution Qualifications. The trust and each separate trust created pursuant to Article Sixth hereof shall be subject to the following distribution qualifications:

7.1 Spendthrift Provision: Except as otherwise provided by law, no power of appointment or power of withdrawal shall be subject to involuntary exercise, and no interest of any beneficiary shall be subject to anticipation, to claims for alimony or support, to voluntary transfer without the written consent of the Trustees, or to involuntary transfer in any event.

7.2 Facility of Payment: Required distributions of income to a beneficiary shall be made in convenient installments which must be at least as frequent as quarterannually. If at any time a beneficiary eligible to receive income or principal distributions is incapacitated, then Trustees may make those distributions directly to the beneficiary, to a lawful guardian of the beneficiary, to a custodian selected by Trustees for the beneficiary under the Uniform Transfers to Minors Act or similar applicable law, to a bank account in the beneficiary's name either alone or jointly with others, to any person in reimbursement for amounts properly advanced for the benefit of the beneficiary, or to any person who has undertaken the responsibility, legally or voluntarily, for the support and maintenance of a beneficiary,

or may otherwise expend the amounts to be distributed for the benefit of the beneficiary in such manner as the Trustees consider advisable. After making any payment or distribution pursuant to this Subparagraph 7.2, Trustees shall be fully discharged from liability with respect to any further accountability for such payment or distribution.

7.3 Primary Considerations, Discretionary Payments: Trustees are directed to regard the income beneficiary or beneficiaries at any given time as having primary rights under this instrument. Trustees are directed to consider only the welfare of income beneficiaries in the exercise of discretionary powers and to disregard the welfare of any successor beneficiaries. Any discretionary right to use principal shall include the right to exhaust principal for such purpose. No beneficiary shall have any right to compel Trustees to make a discretionary payment or expenditure or to question the propriety of any discretionary payment or expenditure made by Trustees. Any discretionary determination made by Trustees shall be final as to all beneficiaries.

7.4 Treatment of Undistributed Income on Termination of Trust: Except as otherwise provided in this instrument, all income accrued or undistributed at the termination of any interest shall be treated as if it had accrued or been received immediately after that termination.

7.5 Authority to Pay Expenses of Last Illness, Funeral, and Burial Expenses: Trustees' discretion to distribute principal to or for the benefit of a beneficiary shall include authority to pay expenses of last illness, funeral and burial expenses of that beneficiary after death; provided that any calculations of successor interests shall be made as if any such payments had been made from principal prior to the death of such beneficiary.

7.6 Perpetuities Saving Clause: Each trust established by this instrument shall terminate, if it has not sooner terminated, twenty-one (21) years after the death of the last to die of my husband, my children and their descendants who are living upon the date of my death, or such greater period of time that shall be allowable for a trust to remain in existence under the Uniform Statutory Rule Against Perpetuities (Section 14-2901, et seq., Arizona Revised Statutes). Upon termination, all shares shall immediately vest in the persons then entitled to the income and in proportion to their income interests, or, if such interests are indefinite, then to the income beneficiaries in such equitable proportions as the Trustees shall determine.

7.7 Termination of Small Trusts: If at any time the trust estate or any of the separate shares thereof created hereunder shall, in the sole judgment of the Trustees, be of the aggregate principal value of Fifty Thousand Dollars (\$50,000.00)

or less, the Trustees, in their discretion, may pay over the then principal of such trust or share thereof and the undistributed income, if any, to the person or persons then entitled to receive or benefit from the income therefrom in the proportions in which they are entitled to such income, and such trust or share thereof shall thereupon terminate, notwithstanding any provision to the contrary in this Will.

7.8 Approval of Accountings: Prior to delivering trust assets to a successor Trustee or to making any partial or complete distribution of principal hereunder (other than a distribution that is made in the exercise of the Trustees' discretion and does not terminate the trust), the successor Trustee may require an approval of the Trustees' accounts and a release and discharge from all beneficiaries having an interest in the distribution, or may require court settlement of such accounts. All of the Trustees' fees and expenses (including attorneys' fees) attributable to court approval of such accounts shall be paid by the trust involved to the extent that the accounts are approved.

EIGHTH: Simultaneous Deaths. If my husband and I die under circumstances that it is doubtful or difficult to prove which of us died first, then for the purposes of this Will it shall be conclusively presumed that my husband shall have survived me. In addition, no person shall be required to survive me by any specified period of time.

NINTH: Definitions. As used in this Will, the term "descendants" shall mean the legitimate natural born or legally adopted issue of such person of any degree. The term "minor" for purposes of this Will shall mean a person under the age of twenty-one (21) years.

TENTH: Appointment of Guardians. If my husband does not survive me, I request that my brother-in-law and sister, James DeMocker and Laura Tuck of McLean, Virginia be appointed guardians of the person, to serve without bond, of any children of mine who are under the age of majority. If either of them dies, becomes incapacitated, or resigns, the other shall serve as sole guardian of the person without bond of any children of mine who are under the age of majority.

ELEVENTH: Powers of Personal Representative and Trustees. My Personal Representative, the Trustees and any successors, shall have all such rights and powers as may be necessary or appropriate for effective administration of my estate and any trust established under this Will, including:

11.1 Powers Granted by Law: The rights and powers granted to personal representatives and to trustees by the provisions of Title 14, Arizona Revised Statutes.

11.2 Trustees' Permitted Activities: The Trustees and any individual or entity with which they are associated or affiliated in any way (including, but not limited to, any such individual or entity associated or affiliated through any direct or indirect ownership interest of any court), (each of which is an "Authorized Party" under this Will) may deal with their own interest with any trust estate created in this Will. The Trustees may deal between such trust estate and themselves or any other Authorized Party in any principal or agency transaction, either party acting in any capacity (including, but not limited to, acting as trustee, personal representative, employee, agent, or partner), in buying, selling, pledging, leasing, and exchanging assets, in furnishing or receiving goods, services, or facilities, and in borrowing or lending funds or participating in other extensions of credit when, in their sole discretion, such transaction shall be to the benefit of the trust estate. The foregoing shall apply regardless of any compensation, gain, or profit derived by any Authorized Party acting in any capacity in connection with any such transaction.

Any Authorized Party may furnish services to any trust estate created in this Will in any capacity as may be necessary or desirable in the Trustees' discretion for the proper management, protection, and sale of other disposition of any part of the trust property, and may receive and retain customary and reasonable compensation for services in any such capacity. The Trustees shall act without bond or security and shall not account to any court.

In the event that any person employed by an Authorized Party shall also be acting as an officer or director of any corporation in which the trust may own stock or other securities or as an officer or director of any affiliate of such corporation or may be a candidate for election as such officer or director, such person may act as such officer or director and receive compensation therefor in the same manner as if he were not employed by an Authorized Party, and shall not be disqualified from voting for his election to such office or for membership on said board of directors for the reason that he is employed by an Authorized Party, or for the reason that he may be receiving compensation for serving to any such capacity.

I hereby acknowledge that A.G. Edwards, Inc., any successor to it, and each of its subsidiaries and affiliates is an Authorized Party as defined in this paragraph and that the foregoing provisions are applicable to A.G. Edwards, Inc., any successor to it, and each of its subsidiaries and affiliates. During such time as A.G. Edwards Trust Company (or any other Authorized Party that is associated or affiliated in any way with A.G. Edwards Trust Company) is serving as a Trustee under this Will, except as may otherwise be provided in this Will, I hereby direct the Trustees to engage A.G. Edwards, Inc., any successor to it, or such of its subsidiaries or affiliates as shall provide services required by the Trustees; except that the Trustees

shall not be required to engage A.G. Edwards, Inc., or any of its subsidiaries or affiliates to effect principal transactions in securities.

11.3 Securities: In addition to those powers described above, the Trustees are further authorized to buy, sell and trade in securities of any nature (including "short" sales) on margin, and for such purpose may maintain and operate margin accounts with brokers and may pledge any securities held or purchased by them with such brokers as security for loans and advances made to the Trustees.

11.4 Delegation of Powers: At any time and from time to time, the corporate Trustee may delegate to any other individual or entity, including, but not limited to A.G. Edwards, Inc., any successor to it, and any of its subsidiaries and affiliates, and any individual Trustee may delegate to the corporate Trustee, any or all of the delegating Trustee's powers and authorities conferred upon a Trustee (to the exclusion of any other Trustee or any other person or entity) shall not be delegated. The delegating Trustee may at any time revoke such a delegation. Such delegation or revocation shall be evidenced by an instrument in writing signed by the delegating Trustee, acknowledged, and delivered to the Trustee or other person or entity to whom the delegation is made and a copy shall be filed with the records pertaining to the trust involved. So long as any such delegation is in effect, any power or authority hereby delegated may be exercised by the Trustee or other person or entity to whom such delegation was made with the same force and effect as if the Trustee delegating such power or authority had itself joined in the exercise of such power or authority in the taking of such action.

11.5 Trustee's Fees: A.G. Edwards Trust Company, and any successor corporate Trustee hereunder, shall be entitled to receive compensation for its services in accordance with its published schedule of charges in effect at the time such services are rendered. In addition to the foregoing fees, compensation may be paid to any Authorized Party and to any special Trustee in accordance with the provisions of this Will. Any Authorized Party shall also be entitled to receive and retain from any money market fund or similar entity payments as authorized under Rule 12b-1 of the Investment Company Act, in connection with the distribution of such fund's or entity's securities. Any other person serving in the capacity as Trustee hereunder shall also be entitled to reasonable compensation.

11.6 No Review of Prior Trustee's Actions: No successor Trustee hereunder shall have any duty or responsibility to audit or review the actions or accountings of its predecessor Trustees, each successor Trustee hereunder being expressly relieved from any and all liability or responsibility for the actions or failure of any such predecessor.

11.7 Nonpublic Information; No Duty to Act: The Trustees shall be under no duty and shall not be liable to any beneficiary for failure to buy, sell, or engage in any transaction directly or indirectly involving securities concerning which the corporate Trustee, in its corporate capacity or through an Authorized Party as defined in this Will, may have acquired any information which has not been disclosed to the public.

TWELFTH: Appointment of Trustees. I nominate and appoint my brother-in-law James DeMocker of McLean, Virginia and A.G. Edwards Trust Company or its successor as Co-Trustees of the trusts created hereunder and each shall serve without bond. All references to "Trustee" or "Trustees" herein shall mean James DeMocker and A.G. Edwards Trust Company or its successor, in their capacity as Co-Trustees. If my brother-in-law James DeMocker fails to accept his appointment as a Trustee, or having accepted, dies, becomes incapacitated, or resigns, A.G. Edwards Trust Company or its successor shall serve as sole Trustee of the trusts created hereunder without bond.

12.1 Appointment of Successor Corporate Trustee: Any corporate Trustee hereunder may resign as to any separate trust hereunder by delivering its written resignation to a majority in interest of the beneficiaries to whom income from such separate trust may then be paid hereunder. A majority in interest of the beneficiaries then entitled to receive income from such separate trust hereunder may, without liability to any present or future beneficiary of any trust created hereunder, approve the accounts of and give a full and complete release and discharge to any resigned corporate Trustee hereunder and, upon approval of the accounts of a resigned corporate Trustee, shall appoint any bank or trust company having a combined capital and surplus of not less than One Million Dollars (\$1,000,000.00), wherever located, as successor Trustee. Such persons have the right without the concurrence of any remainderman or other part in interest to determine on behalf of all beneficiaries the propriety of giving any such approval, release and discharge, notwithstanding that their interest may possibly be or become adverse to those of other beneficiaries. Such approval, release and discharge shall have the same effect as a final decree of a court of competent jurisdiction. The legal representative of the estate, parent or guardian of any beneficiary under disability shall receive notice for and may act on behalf of such beneficiary under this paragraph.

12.2 Special Trustees: The Trustees (herein "primary Trustees") are authorized to appoint a person or qualified corporation at any time to act as special Trustee for the administration of property with respect to which the Trustees shall make the determination, in their discretion, that they are not eligible to act or cannot administer in a practicable manner. The primary Trustees may at any time revoke such appointment. So long as any such appointment is in effect, any power or

authority hereunder that would be exercisable by the primary Trustees with respect to the assets to be administered by the special Trustee, if the primary Trustees were subject to no restriction or limitation with respect to the administration of such assets, may be exercised by the special Trustee with the same force and effect as if the primary Trustees had themselves taken such action in the absence of any such restriction or limitation. The special Trustee shall act without bond or security and shall not account to any court. The special Trustee may receive and retain customary and reasonable compensation for services in such capacity in addition to the compensation to which the primary Trustees are entitled under this Will.

THIRTEENTH: Appointment of Personal Representative. I nominate and appoint my husband as Personal Representative of this my Last Will and Testament. If my husband fails to qualify or ceases to act as Personal Representative, I nominate and appoint my brother-in-law James DeMocker as Personal Representative hereunder. If he likewise fails to qualify or ceases to act as such, I nominate and appoint my sister Laura Tuck as Personal Representative hereunder. If she likewise fails to qualify or ceases to act as such, I nominate and appoint A.G. Edwards Trust Company, or its successor, as Personal Representative hereunder. I direct that no bond be required of the persons named as Personal Representative in this Article for the faithful performance of their duties as such in any jurisdiction. Any personal representative hereunder shall be entitled to reasonable compensation.

IN WITNESS WHEREOF, I do hereby make, publish and declare this to be my Last Will and Testament this 23rd day of June, 1998.



Carol Kennedy

I, Carol Kennedy, the Testator, sign my name to this instrument this 23rd day of June, 1998 and, being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Last Will and that I sign it willingly; that I execute it as my free and voluntary act for the purpose therein expressed and that I am eighteen (18) years of age or older, of sound mind and under no constraint or undue influence.



Carol Kennedy

STATE OF ARIZONA)
) ss.
County of Yavapai)

We, LINDA CLARK and Carol Clark, and Carol Kennedy, the Testator and the witnesses, respectively, whose names are signed to the attached or foregoing instrument being first duly sworn, do declare to the undersigned authority that the Testator signed and executed the instrument as the Testator's Will and that he signed it willingly and that he executed it as his free and voluntary act for the purposes expressed in that document, and that each of the witnesses, in the presence and hearing of the Testator, signed the Will as witness and that to the best of her knowledge the Testator was at that time 18 years of age or older, of sound mind and under no constraint or undue influence.

Carol Kennedy
Carol Kennedy

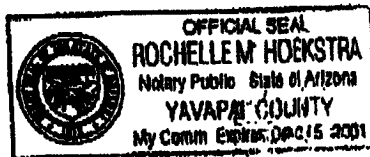
Linda Clark
Witness

Carol Clark
Witness

SUBSCRIBED, SWORN TO and ACKNOWLEDGED before me by Carol Kennedy, the Testator, and SUBSCRIBED AND SWORN TO before me by LINDA CLARK and Carol Clark, the witnesses, this 25th day of June, 1998.

Rochelle M. Hoekstra
Notary Public

My Commission Expires:



RECEIVED

THE
HARTFORD

P.O. Box 64287, St. Paul, MN 55164-0287
500 Bielenberg Drive, Woodbury MN 55125
(800) 800-2000, extension 14758

2008 AUG 21 A 9:41

Death Benefits Claim Form

Your insurance professional can help you complete this form, or call a claims representative at (800) 800-2000, extension 14758.

1 Claim information

Full Name of Deceased Virginia Carol Kennedy Date of Birth 07/25/54

Policy Number(s) [redacted] and [redacted] Marital Status at Death divorced

List any names(s) by which the deceased was known, i.e., maiden name, hyphenated name, nickname, derivative form of first and middle names, etc: Carol Kennedy

Has the deceased traveled outside the U.S. within the last 12 months? no If yes, list country/countries traveled to:

2 Beneficiary information - Complete a separate form for each beneficiary

Name of Beneficiary Steven C. DeMacker Date of Birth 01/07/54

Address 1716 Alpine Meadows Lane #1405

City, State, Zip Prescott, AZ 86303

Relationship to Deceased ex-spouse

Taxpayer I.D. [redacted] Telephone Number (928) 713-1919
(Social Security number/Trust ID number/Estate ID number)

3 Death Benefit Payment Options - You must select only one of the options listed below. If you do not choose a payment option a Safe Haven Account will be established in your name, except in AK, FL, KS, NC, ND, & NV, or for amounts less than \$10,000, in which case we will send you a check.

Immediate Lump Sum Payment Options

- ☐ Safe Haven Interest Bearing Account With Draft Writing Privileges - Not available in AK, KS, NC, ND, & NV, or for amounts less than \$10,000 (For information on the Safe Haven account please see the enclosed Brochure and Terms and Conditions Sheet)
- ☐ Check Made Payable To You
- ☒ Automatic Payment To Your Checking Account (please enclose copy of voided check with bank name and address)

Other Settlement Options - Not available for amounts less than \$10,000

- ☐ Monthly Income of a Fixed Amount: \$ _____ per month until death proceeds left under this option are depleted
- ☐ Monthly Income for a Fixed Period, with equal monthly payments for: _____ years (even number of years only)
- ☐ Other option available as specified in the life insurance contract. Please indicate option below.

Please refer to your insurance contract, or contact your claims representative at the number above for more information about the death benefit payment options available to you.

Continued

026112

Death Benefits Claim Form (continued)

4

Signature of Beneficiary

Furnishing this claim form to the beneficiary does not constitute an admission by The Hartford that there was any insurance in force at the time of death. The company reserves the right to require further information if deemed necessary.

Any person who knowingly and with intent to defraud any insurance company or other person files an insurance application or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal or civil penalties.

Under penalties of perjury, I certify that: (1) the social security number or taxpayer identification number set forth above is my correct tax identification number; and (2) I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or (b) the IRS has notified me that I am no longer subject to backup withholding. (Note: Strike out certification number 2 if you are subject to backup withholding under section 3406(a)(1)(c) of the Internal Revenue Code.) The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

Signature of Beneficiary

Steve J. MacKen

Date 08/20/2008

STEVEN DEMOCKER
1716 ALPINE MEADOWS LN.
NO. 1405
PRESCOTT, AZ 86303

UBS
UBS Financial Services Inc.

186
25-00/440

DATE

PAY TO THE ORDER OF

BANK ONE, N.A.
Columbus, Ohio 43271

Resource Management Account

VOID

VOID

DOCUMENT

PURGED FROM THE FILE

CASE NUMBER: P1300CR 20081339

CASE NAME: State Vs. Democke

DATE OF DOCUMENT: 7/8/2010

DOCUMENT TITLE: Death Certificate
(Attached to 7/8/2010
Supplement to State's Motion)

To view the document, you will need to seek approval from the
Judge of the case.



August 27, 2008

STEVEN C DEMOCKER
1716 ALPINE MEADOWS LANE #1405
PRESCOTT AZ 86303

Policy Number: [REDACTED]
Insured: Virginia C Kennedy

Dear Mr. DeMocker:

Thank you for submitting the information requested for the pending claim on the above referenced policies. We have determined that the following document is needed to continue our review:

- Copy of the Divorce Decree

Please be aware that until you have been cleared of any involvement of the death of the insured, Virginia C Kennedy by the Yavapai County Sheriff's Office, we can not release any of the proceeds to you.

Please send this information at your earliest convenience so we can continue with our claims review for this policy.

If you have any questions, please contact me at 1-800-800-2000, extension 15270. You can also e-mail me at Debbie.Dettman@hartfordlife.com.

Sincerely,

Debbie Dettman
Claim Analyst
Hartford Life and Annuity Insurance Company

Hartford Life and Annuity
Insurance Company
PO BOX 64287
St Paul, MN 55164-0287

The Hartford is The Hartford Financial Services Group, Inc. and its subsidiaries, including the issuing companies of Hartford Life Insurance Company, Hartford Life and Annuity Insurance Company (Outside New York) and Hartford Life and Accident Insurance Company.

025983

If you have any questions, please contact me at 1-800-800-2000, extension 15270. You can also e-mail me at Debbie.Dettman@hartfordlife.com.

Sincerely,

Debbie Dettman
Claim Analyst
Hartford Life and Annuity Insurance Company

025982



October 1, 2008

STEVEN C DEMOCKER
1716 ALPINE MEADOWS LANE #1405
PRESCOTT AZ 86303

Policy Number: [REDACTED]
Insured: Virginia C Kennedy

Dear Mr. Democker:

Thank you for submitting the information requested for the pending claim on the above referenced policy.

There currently is an active homicide investigation in process by the Yavapai County Sheriff's Office of the death of Virginia C Kennedy. If it is determined at the end of their investigation, that a benefit is payable to you, we will need written confirmation from their department that you are no longer a suspect before we can consider payment.

Please send this information at your earliest convenience so we can continue processing the claim for this policy.

If you have any questions, please contact me at 1-800-800-2000, extension 15270. You can also e-mail me at Debbie.Dettman@hartfordlife.com.

Sincerely,

Debbie Dettman
Claim Analyst
Hartford Life and Annuity Insurance Company

Hartford Life and Annuity
Insurance Company
PO BOX 64287
St Paul, MN 55164-0287

The Hartford is The Hartford Financial Services Group, Inc. and its subsidiaries, including the issuing companies of Hartford Life Insurance Company, Hartford Life and Annuity Insurance Company (Outside New York) and Hartford Life and Accident Insurance Company.

025984



November 21, 2008

STEVEN C DEMOCKER
1716 ALPINE MEADOWS LANE #1405
PRESCOTT AZ 86303

Policy Number: [REDACTED]
Insured: Virginia C Kennedy

Dear Mr. DeMocker:

Thank you for submitting the information requested to process the pending claims.

There currently is an active homicide investigation in the death of the insured. Therefore, the claims will remain pending until the investigation is completed.

If you have any questions regarding either the claim process or the necessary requirements for policy [REDACTED] please call me at 1-800-800-2000, Ext. 15270 or e-mail me at Debbie.Dettman@hartfordlife.com.

Sincerely,

Debbie Dettman
Claim Analyst
Hartford Life and Annuity Insurance Company

Hartford Life and Annuity
Insurance Company
PO BOX 64287
St Paul, MN 55164-0287

The Hartford is The Hartford Financial Services Group, Inc. and its subsidiaries, including the issuing companies of Hartford Life Insurance Company, Hartford Life and Annuity Insurance Company (Outside New York) and Hartford Life and Accident Insurance Company.

025985



December 16, 2008

STEVEN C DEMOCKER
1716 ALPINE MEADOWS LANE #1405
PRESCOTT AZ 86303

Policy Number: [REDACTED]
Insured: Virginia C Kennedy

Dear Mr. DeMocker:

Thank you for submitting the information requested to process the pending claims.

There currently is an active homicide investigation in the death of the insured. Therefore, the claims will remain pending until the investigation is completed.

If you have any questions regarding either the claim process or the necessary requirements for the policies [REDACTED] please contact me at 1-800-800-2000, extension 15270. You can also e-mail me at Debbie.Dettman@hartfordlife.com.

Sincerely,

Debbie Dettman
Claim Analyst
Hartford Life and Annuity Insurance Company

Hartford Life and Annuity
Insurance Company
PO BOX 64287
St Paul, MN 55164-0287

The Hartford is The Hartford Financial Services Group, Inc. and its subsidiaries, including the issuing companies of Hartford Life Insurance Company, Hartford Life and Annuity Insurance Company (Outside New York) and Hartford Life and Accident Insurance Company.

025986



January 15, 2009

STEVEN C DEMOCKER
1716 ALPINE MEADOWS LANE #1405
PRESCOTT AZ 86303

Policy Number(s): [REDACTED]
Insured: Virginia C Kennedy

Dear Mr. DeMocker:

Thank you for submitting the information requested to process the pending claims.

There currently is an active homicide investigation in the death of the insured in which you are named as a suspect. Therefore, the claims will remain pending until the investigation is completed.

If you have any questions regarding either the claim process or the necessary requirements for the policies [REDACTED], please contact me at 1-800-800-2000, extension 15270. You can also e-mail me at Debbie.Dettman@hartfordlife.com.

Sincerely,

Debbie Dettman
Claim Analyst
Hartford Life and Annuity Insurance Company

Hartford Life and Annuity
Insurance Company
PO BOX 64287
St Paul, MN 55164-0287

025987

The Hartford is The Hartford Financial Services Group, Inc. and its subsidiaries, including the issuing companies of Hartford Life Insurance Company, Hartford Life and Annuity Insurance Company (Outside New York) and Hartford Life and Accident Insurance Company.



"Steven DeMocker"
<steven.democker@gmail.com>
m>

09/04/2008 10:33 AM

To: Debbie.Dettman@hartfordlife.com

cc

bcc

Subject: Fwd: your letter of August 27 re: policies [REDACTED] and [REDACTED]

----- Forwarded message -----

From: Steven DeMocker <steven.democker@gmail.com>

Date: Wed, Sep 3, 2008 at 5:04 PM

Subject: your letter of August 27 re: policies [REDACTED] and [REDACTED]

To: Debbie.Dettman@hartfordlife.com

Cc: John Sears <john.sears@azbar.org>

Debbie:

Thank you for your response to our claim. Attached is a pdf file containing the Divorce Decree you requested. If you need additional information, please let me know.

Your letter also states that Hartford intends to delay the payment of the family's claim. Perhaps you know of a legal process - of which the rest of us are not aware - by which a person is "cleared of any involvement" in a crime. I'd certainly be anxious to pursue it if it existed. Until such a process is invented, however, we seem to be left with the normal process of investigation which, as I'm sure Hartford knows better than I, can proceed indefinitely and without resolution. In the meantime I am referring this to my attorney, John Sears, and the attorney representing my daughters as heirs to Carol's estate.

To repeat the position I described to you when we first spoke on the phone, I do not wish to receive the death benefit from either policy. Instead, as you know, I'm trying to determine if there is a way to disclaim the proceeds to our daughters, or failing that, to determine the most tax-efficient way of gifting the money to them for their sole benefit.

Steven DeMocker
928-713-1919 c



Consent Decree.pdf

026115

2008 OCT 14 AM 11:14

JEANNE HICKS, CLERK

V. Rosa

BY: _____

Christopher L. Kottke
AZ State Bar No. 015857
VAKULA + KOTKE, PLC
212 EAST GURLEY STREET
PRESCOTT, ARIZONA 86301
Telephone (928) 445-1765

ATTORNEYS FOR Personal Representative

ARIZONA SUPERIOR COURT
YAVAPAI COUNTY

IN THE MATTER OF THE ESTATE OF:) No. PB 2008-0202
VIRGINIA CAROL KENNEDY,)
Deceased.)
LETTERS OF PERSONAL
REPRESENTATIVE

Katherine G. DeMocker is hereby appointed as Personal Representative of the
Estate of Virginia Carol Kennedy without restriction.

WITNESS: October 14, 2008.

JEANNE HICKS

Clerk of the Superior Court

By

[Signature]
Deputy Clerk

026045



**BROKER OF RECORD CHANGE
AND ASSIGNMENT OF COMMISSIONS**
(New Broker Dealer or new Broker Dealer and Broker change)

The undersigned Releasing Broker Dealer and Releasing Broker hereby assign and transfer over to the undersigned Accepting Broker Dealer and Accepting Broker, all rights, title and interest which they may have in the policies that are designated below and issued by Hartford Life and Annuity Insurance Company, Hartford Life Insurance Company and Hartford Life and Accident Insurance Company (collectively referred to as "Hartford"). In consideration of Hartford's acknowledgment of this Assignment, the Releasing and Accepting Broker Dealer and Broker agree to the following:

- Releasing Broker Dealer and Releasing Broker agree that Accepting Broker Dealer shall have all rights, title and interest in any future commissions that may become due and payable on the assigned policies;
- Accepting Broker Dealer designates Accepting Broker as Broker of Record on the policies;
- Any payment of commissions by Hartford pursuant to this Assignment, shall fully discharge Hartford from any further obligation for such payment;
- All parties shall hold Hartford harmless from any loss, liability or damages that may be incurred or arise out of this Assignment, other than the payment of the commissions hereunder;
- Accepting Broker Dealer shall be responsible for any policy chargeback or other indebtedness which may be incurred after the effective date of this Assignment and which arises out of the surrender or termination, the refund of premium paid, or a change to any policy subject to this Assignment; and
- This Assignment shall be effective on the date it has been duly executed by all parties and received and recorded by Hartford.

Section 1- Please indicate if all policies are to be transferred under this Assignment. If not, please provide both the policy number and the insured's name for the specific policies that are to be transferred.

POLICY INFORMATION

Please check only one:

- ☒ The following specific Hartford policies are subject to this Broker Dealer of Record Change and Assignment (attach additional pages if necessary)

Policy Number

[REDACTED]

[REDACTED]

Insured Name

CAROL V. KENNEDY

STEVEN DEMACKER

- ☐ All Hartford policies reflecting Releasing Broker as Broker of Record shall be subject to this Broker Dealer of Record Change and Assignment.

The Hartford
PO Box 64582
St. Paul MN 55162-0582
Phone: 800-246-4819 ext. 58894
Fax: 651-738-5623

Section 2 - The Releasing Broker Dealer and the Releasing Broker must both sign this form.

RELEASING BROKER DEALER

Print Broker-Dealer Name: AG EDWARDS + SONS

Authorized Signature: _____

Effective Date: 1/24/08

Print Authorized Name and Title: Reject

RELEASING BROKER

Print Releasing Broker Name: STEVEN DEMOCKER SSN: [REDACTED]

Releasing Broker Signature: [Signature]

Section 3 - The Accepting Broker Dealer and the Accepting Broker must both sign this form and provide tax ID numbers to complete the change. Accepting Broker Dealer must also affirmatively acknowledge that it has obtained consent to the affected policyowner.

ACCEPTING BROKER DEALER

☒ Accepting Broker Dealer represents that it has obtained the policyowner(s) consent to this Broker of Record Change and such consent is on file with the Broker Dealer.

Print Broker Dealer Name: UBS FINANCIAL SERVICES

Tax ID: 13-2638166

Authorized Signature: [Signature]

Effective Date: 1/24/08

Print Authorized Name and Title: _____

ACCEPTING BROKER OF RECORD

I agree to the terms of the assignment set forth above.

Print Name of Broker: STEVEN DEMOCKER

Signature: [Signature]

SSN: [REDACTED]

Home Office Use Only

☐ Policy owner approval is already on file.

The Hartford
PO Box 64582
St. Paul MN 55162-0582
Phone: 800-246-4819 ext. 58834
Fax: 651-738-5623

026154



February 8, 2008

STEVEN DEMOCKER
UBS FINANCIAL SERVICES INC
2555 E CAMELBACK RD SUITE 600
PHOENIX AZ 85016-4222

Re: [REDACTED]-Carol Kennedy & [REDACTED]-Steven Democker

Dear Steven:

Thank you for your recent request to change the Broker Dealer of Record on the above policy(s). We have completed the change to UBS Financial Services as you indicated. The effective date of this change is February 8, 2008.

Please note that this change has been for servicing purposes only.

If you have any questions, please contact our service specialists at 800-246-4819. You may also contact us via E-mail at Commissions_ILO_ProducerSprt@HartfordLife.com.

Thank you for choosing to represent Hartford Life and Annuity Insurance Company.

Sincerely,

Monica Yeager
Service Specialist
Producer Support
Hartford Life and Annuity Insurance Company

The Hartford
P.O. Box 64582
St. Paul, MN 55164-0582
Fax: 651-738-5623

Overnight Mailing Address:
500 Bielenberg Drive
Woodbury, MN 55125

026158



February 15, 2008

STEVEN DEMOCKER
UBS FINANCIAL SERVICES INC
2555 E CAMELBACK RD SUITE 600
PHOENIX AZ 85016-4222

Re: [REDACTED]-Carol Kennedy & [REDACTED]-Steven Democker

Dear Steven:

Thank you for your recent request to change the Broker Dealer of Record on the above policy(s). We have completed the change to UBS Financial Services as you indicated. The effective date of this change is February 8, 2008.

Please note that this change has been for servicing purposes only. Because the sales contract for the policy(s) is with the broker dealer, the enclosed Broker Dealer Change form needs to be completed before we can move commissions to your broker dealer. The form should be signed by the releasing firm and accepting firm. The releasing firm and accepting firm signature must be of a manager or supervisor other than the agent. The form can then be mailed or faxed to our office at (651)-738-5623. Please note, it is the requestor's responsibility to obtain all required signatures.

If you have any questions, please contact our service specialists at 800-246-4819. You may also contact us via E-mail at Commissions_ILO_ProducerSprt@HartfordLife.com.

Thank you for choosing to represent Hartford Life and Annuity Insurance Company.

Sincerely,

Monica Yeager
Service Specialist
Producer Support
Hartford Life and Annuity Insurance Company

Enclosure

The Hartford
P.O. Box 64582
St. Paul, MN 55164-0582
Fax: 651-738-5623

Overnight Mailing Address:
500 Bielenberg Drive
Woodbury, MN 55125

026159



**INDIVIDUAL LIFE
BROKER OF RECORD CHANGE
AND ASSIGNMENT OF COMMISSIONS**
(New Broker Dealer or new Broker Dealer and Broker change)

The undersigned Releasing Broker Dealer and Releasing Broker hereby assign and transfer over to the undersigned Accepting Broker Dealer and Accepting Broker, all rights, title and interest which they may have in the policies that are designated below and issued by Hartford Life and Annuity Insurance Company, Hartford Life Insurance Company and Hartford Life and Accident Insurance Company (collectively referred to as "Hartford"). In consideration of Hartford's acknowledgement of this Assignment, the Releasing and Accepting Broker Dealer and Broker agree to the following:

- Releasing Broker Dealer and Releasing Broker agree that Accepting Broker Dealer shall have all rights, title and interest in any future commissions that may become due and payable on the assigned policies;
- Accepting Broker Dealer agrees to be designated as the Broker Dealer on the assigned policies
- Accepting Broker Dealer designates Accepting Broker as Broker of Record on the policies;
- Any payment of commissions by Hartford pursuant to this Assignment, shall fully discharge Hartford from any further obligation for such payment;
- All parties shall hold Hartford harmless from any loss, liability or damages that may be incurred or arise out of this Assignment, other than the payment of the commissions hereunder;
- Accepting Broker Dealer shall be responsible for any policy chargeback or other indebtedness which may be incurred after the effective date of this Assignment and which arises out of the surrender or termination, the refund of premium paid, or a change to any policy subject to this Assignment; and
- This Assignment shall be effective on the date it has been duly executed by all parties and received and recorded by Hartford.

Section 1- Please indicate if all policies are to be transferred under this Assignment. If not, please provide both the policy number and the insured's name for all policies that are to be transferred.

POLICY INFORMATION

Please check only one:

☐ The following specific Hartford policies are subject to this Broker Dealer of Record Change and Assignment (attach additional pages if necessary)

Policy Number

[REDACTED]

Insured Name

Carol Kennedy
Steven Democker

☐ All Hartford policies reflecting Releasing Broker as Broker of Record shall be subject to this Broker Dealer of Record Change and Assignment

Section 2 – The Releasing Broker Dealer and the Releasing Broker must both sign this form.

RELEASING BROKER DEALER

Print Broker Dealer Name: AG Edwards Tax ID: _____

Authorized Signature: _____ Effective Date: _____

Print Authorized Name and Title: _____ Branch Manager

RELEASING BROKER

Print Releasing Broker Name: Steven Democker SS#: _____

Releasing Broker Signature: N/A

Section 3 – The Accepting Broker Dealer and the Accepting Broker must both sign this form and provide tax ID numbers to complete the change. Accepting Broker Dealer must also affirmatively acknowledge that it has obtained consent to the affected policyowners.

ACCEPTING BROKER DEALER

☐ Accepting Broker Dealer represents that it has obtained the policyowner(s) consent to this Broker of Record Change and such consent is on file with the Broker Dealer.

Print Broker Dealer Name: UBS Financial Services Tax ID: _____

Authorized Signature: _____ Effective Date: _____

Print Authorized Name and Title: _____ Branch Manager

ACCEPTING BROKER OF RECORD

I agree to the terms of the assignment set forth above.

Print Name of Broker: Steven Democker SS#: _____

Signature: _____

Home Office Use Only

☒ Policy Owner approval is already on file



**INDIVIDUAL LIFE
REQUEST TO CHANGE SERVICING AGENT/BROKER**

The undersigned Policyowner hereby requests Hartford Life and Annuity Insurance Company, Hartford Life Insurance Company and/or Hartford Life and Accident Insurance Company (collectively referred to as "Hartford.") to change the Servicing Agent/Broker on Policyowner's Hartford policies as listed below:

POLICY INFORMATION

Hartford is requested to change the Servicing Agent/Broker on the following Hartford life insurance policies:

Hartford Policy Number: [REDACTED] Insured's Name: CAROL Y. KENNEDY

Hartford Policy Number: [REDACTED] Insured's Name: STEVEN DEMOCKER

Hartford Policy Number: _____ Insured's Name: _____

SERVICING AGENT/BROKER INFORMATION

Hartford is requested to change the Servicing Agent/Broker on the above designated policies as follows:

Print Name of Existing Servicing Agent/Broker: STEVEN DEMOCKER, AG FOWARDS

Print Name of New Servicing Agent/Broker: STEVEN DEMOCKER, UBS FINANCIAL SVC.

SSN/TIN of New Servicing Agent/Broker: [REDACTED]

Policyowner Name: STEVEN DEMOCKER Date: 1/24/08

Policyowner Signature: [Signature]

S4-11/05

Page 1 of 1

The Hartford
PO Box 64582
St. Paul MN 55162-0582
Phone: 800-246-4819
Fax: 651-738-5623

RELEASING BROKER DEALER

Print Broker Dealer Name: AG EDWARDS + SONS

Tax ID: 43-0895447

Authorized Signature: Timothy K. Combs

Effective Date: 1/24/08

Print Authorized Name and Title: Tim Combs, VP

RELEASING BROKER

Print Releasing Broker Name: STEVEN DEMOCKER SS#: [REDACTED]

Releasing Broker Signature: [Signature]

Section 3 - The Accepting Broker Dealer and the Accepting Broker must both sign this form and provide tax ID numbers to complete the change. Accepting Broker Dealer must also affirmatively acknowledge that it has obtained consent to the affected policyowners.

ACCEPTING BROKER DEALER

☒ Accepting Broker Dealer represents that it has obtained the policyowner(s) consent to this Broker of Record Change and such consent is on file with the Broker Dealer.

Print Broker Dealer Name: UBS FINANCIAL SERVICES

Tax ID: 13-2638166

Authorized Signature: [Signature]

Effective Date: 1/24/08

Print Authorized Name and Title: Lisa Mack, Branch Operations Manager, Associate Director.

ACCEPTING BROKER OF RECORD

I agree to the terms of the assignment set forth above.

Print Name of Broker: STEVEN DEMOCKER

Signature: [Signature]

SS#: [REDACTED]

Home Office Use Only

☐ Policy owner approval is already on file.

The Hartford
PO Box 64582
St. Paul MN 55162-0582
Phone: 800-246-4819 ext. 58834
Fax: 651-738-5623



February 25, 2008

STEVEN DEMOCKER
UBS FINANCIAL SERVICES INC
2555 E CAMELBACK RD SUITE 600
PHOENIX AZ 85016

Re: [REDACTED]-Steven Democker & [REDACTED]-Carol Kennedy

Dear Steven:

Thank you for your recent request to change the Agent of Record on the above policy(s). The effective date of this change is February 25, 2008.

If you have any questions, please contact our service specialists at 800-246-4819. You may also contact us via E-mail at Commissions_ILO_ProducerSprt@HartfordLife.com.

Thank you for choosing to represent Hartford Life Insurance Companies.

Sincerely;

Monica Yeager
Service Specialist
Producer Support
Hartford Life and Annuity Insurance Company

Hartford Life Insurance Companies
P.O. Box 64582
St. Paul, MN 55164-0582
Fax: 651-738-5623

Overnight Mailing Address:
500 Bielenberg Drive
Woodbury, MN 55125

026164

MURPHY, SCHMITT, HATHAWAY and WILSON, P.L.L.C.

ATTORNEYS AT LAW

ELKS BUILDING, 117 E. GURLEY STREET
PRESCOTT, ARIZONA 86301
Telephone (928) 445-6860
Fax (928) 445-6488
WWW.MSHWLAW.COM

MICHAEL R. MURPHY*
ROBERT E. SCHMITT**
LTON W. HATHAWAY, JR.
AN A. WILSON
ANDREW J. BECKE

*Certified Specialist - State Bar of Arizona,
Personal Injury and Wrongful Death
**Also Admitted in California

OF COUNSEL
SELMER D. LUTEY, P.L.L.C.

OTHER OFFICE LOCATIONS:

101 E. Second Street
Yuma, Arizona 85364
(928) 782-5354

2601 Stockton Hill Road, Suite H-8
Kingman, Arizona 86402
(928) 718-0888

PLEASE REPLY TO:
POST OFFICE BOX 591
PRESCOTT, ARIZONA 86302-0591

February 4, 2009

VIA EMAIL AND U.S. MAIL
Debbie.Dettman@hartfordlife.com

Ms. Debbie Dettman
Hartford Life and Annuity Insurance Company
P.O. Box 64287
St. Paul, MN 55164-0287

Woodbury #6

2009 FEB -9 A 8:40

RECEIVED

Re: Our Client/Policy Owner: Steven C. DeMocker
Policy Nos.: [REDACTED] and [REDACTED]
Insured: Carol V. Kennedy

Dear Ms. Dettman:

This firm has been retained to represent Mr. Steven C. DeMocker in connection with securing payment and disposition of the proceeds under the two Hartford life insurance policies (Nos. [REDACTED] and [REDACTED]) owned by Mr. DeMocker, and insuring Carol V. Kennedy, deceased.

We have been provided your August 27, 2008 letter to Mr. DeMocker by which you request a copy of his Divorce Decree with Ms. Kennedy (a copy of that document is attached) for review for this claim, and advise that you/Hartford are declining to release any of the proceeds under these policies to Mr. DeMocker.

Mr. DeMocker is preparing to disclaim any interest he may have to the proceeds payable under one or both of these policies, or to take such other action as may be required to facilitate the payments that are due under these policies to the appropriate contingent or alternative beneficiary(ies). However, before that process can be pursued, we need to have a clear understanding of who those contingent or alternative beneficiaries are under each of the policies.

026006

Ms. Debbie Dettman

Hartford Life and Annuity Insurance Company

February 4, 2009

Page 2

It is our understanding that for policy no. [REDACTED], the contingent beneficiary (for 100%) is identified as "Trust created under will dtd 6/23/98 FBO Katherine DeMocker and Charlotte DeMocker, daughters." Please be advised that Katherine DeMocker has been appointed by the Yavapai County, Arizona, Superior Court as Personal Representative of the Estate of Carol V. Kennedy, deceased, and as Trustee of the Trust under Ms. Kennedy's 6/23/98 Will that has been admitted to probate.

As to policy no. [REDACTED], it is uncertain whether any contingent beneficiary was ever specifically identified or noticed for Hartford, although some suggestion exists that at least the intended contingent beneficiary may have also been the same Trust identified as the contingent beneficiary for policy no. [REDACTED]. We do note, however, that the policy provides Mr. DeMocker with the right to assign the policy.

So that we and our client may have a definite understanding of the contingent or alternative beneficiaries under each of the policies for purposes of deciding to proceed with any disclaimer or any other action to facilitate payment and disposition of the life insurance proceeds, we need you to provide us with the following information as soon as possible:

1. Complete copies of all beneficiary (primary and contingent) designations provided to or received by Hartford for each policy (including, but not limited to, such designation(s) made through the application for each policy, and any subsequent notices or directions provided to or received by Hartford for change or other identification of beneficiary (primary and contingent) for each policy).
2. Complete copies of all documents possessed by Hartford which reflect Hartford's current understanding or position as to exactly who the primary and contingent beneficiaries are under each of the two, above-identified life insurance policies.
3. A description of Hartford's requirements for purposes of accomplishing payment and disposition of the proceeds under each of the two policies to the appropriate, respective contingent or alternative beneficiaries (i.e., someone other than Mr. DeMocker), through process of disclaimer by Mr. DeMocker and/or other prospective actions such as Mr. DeMocker's assignment of the policy.

Your prompt attention and cooperative responses to these information requests will be appreciated greatly. We are sure that Hartford shares the desires of all concerned parties that the proceeds (and all accrued interest) due under each of the policies be paid out as soon as possible.

026007

MURPHY, SCHMITT, HATHAWAY & WILSON, P.L.L.C.

Ms. Debbie Dettman

Hartford Life and Annuity Insurance Company

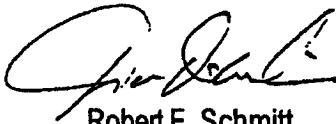
February 4, 2009

Page 3

Should you have any questions or concerns in this regard, or any additional informational needs, please contact one of us as soon as possible.

Sincerely,

MURPHY, SCHMITT, HATHAWAY and WILSON, P.L.L.C.

A handwritten signature in black ink, appearing to read "Robert E. Schmitt", is written over the printed name.

Robert E. Schmitt
Dan A. Wilson

RES:kak
Enclosure

026008



February 13, 2009

MURPHY, SCHMITT, HATHAWAY AND WILSON P.L.L.C.
ATTN: DAN A WILSON
ELKS BUILDING
117 E GURLEY ST
PRESCOTT AZ 86301

Policy Number: [REDACTED]
Insured: Carol V Kennedy

Dear Mr. Wilson:

Thank you for submitting the information requested for the pending claim on the above referenced policy. We have determined that the following documents are needed to continue our review:

- Copy of Letters of Testamentary or Letters of Administration for the estate
- Disclaimer form, disclaiming all rights by Steven De Mocker as owner and beneficiary of this policy (enclosed)
- Claim forms for both policies, one for the trust the other for the estate (enclosed)

In addition, I have enclosed a copy of the application where it specifically states the primary beneficiary is Steven C De Mocker, spouse. There is no contingent beneficiary on file therefore, once Mr. De Mocker disclaims his rights as owner/beneficiary, the beneficiary would be the Estate of the Insured. This is the only beneficiary designation that we have on record for this policy.

Please send this information at your earliest convenience so we can continue processing the claim for this policy.

If you have any questions, please contact me at 1-800-800-2000, extension 15270. You can also e-mail me at Debbie.Dettman@hartfordlife.com.

Sincerely,

Debbie Dettman
Claims Analyst
Hartford Life and Annuity Insurance Company

Hartford Life and Annuity
Insurance Company
PO BOX 64287
St Paul, MN 55164-0287

The Hartford is The Hartford Financial Services Group, Inc and its subsidiaries, including the issuing companies of Hartford Life Insurance Company, Hartford Life and Annuity Insurance Company (Outside New York) and Hartford Life and Accident Insurance Company.

026173

Hartford Life and Annuity Insurance Company
Hartford Life and Accident Insurance Company
Hartford Life Insurance Company
P.O. Box 64287, St. Paul, MN 55164-0287 (Standard delivery)
500 Bielenberg Drive, Woodbury MN 55125 (Express/overnight delivery)
(800) 800-2000, extension 14758

Death Benefits Claim Form

Your insurance professional can help you complete this form, or call a claims representative at (800) 800-2000, extension 14758.

1 Claim information

Full Name of Deceased Virginia Carol Kennedy Date of Birth 7, 25, 54
Policy Number(s) [REDACTED] Marital Status at Death divorced

List any names(s) by which the deceased was known, i.e., maiden name, hyphenated name, nickname, derivative form of first and middle names, etc: _____

2 Beneficiary information – Complete a separate form for each beneficiary

Name of Beneficiary Virginia Carol Kennedy Testamentary Trust Dated 7/2/08
(If the beneficiary is a trust or estate, use the formal name of the trust or estate) Date of Birth 7, 2, 08
(If trust, use date of trust)
Address 212 E. Surley Street,
City, State, Zip Prescott, AZ 86301
Relationship to Deceased Trust created under her Will
Taxpayer I.D. 26-6830975 Telephone Number (928) 445-1765
(Social Security number/Trust ID number/Estate ID number)

3 Death Benefit Payment Options – Please select only one of the options listed below

Immediate Lump Sum Payment Options

- ☐ Safe Haven Program – Not available in AK, KS, NC, ND, & NV, or for amounts less than \$10,000 (For information on the Safe Haven Program, please see the enclosed insert and Terms and Conditions Sheet)
- ☒ Check Made Payable To You
- ☐ Automatic Payment To Your Checking Account (please enclose copy of voided check with bank name and address)

Other Settlement Options – Not available for amounts less than \$10,000

- ☐ Monthly Income of a Fixed Amount: \$ _____ per month until death proceeds left under this option are depleted
- ☐ Monthly Income for a Fixed Period, with equal monthly payments for: _____ years (even number of years only)
- ☐ Other option available as specified in the life insurance contract. Please indicate option below.

Please refer to your insurance contract, or contact your claims representative at the number above for more information about the death benefit payment options available to you.

Note: If you do not choose a payment option, a check will be issued

025853

Continued on next page

Death Benefits Claim Form (continued)

4

Signature of Beneficiary

Furnishing this claim form to the beneficiary does not constitute an admission by The Hartford that there was any insurance in force at the time of death. The company reserves the right to require further information if deemed necessary.

Any person who knowingly and with intent to defraud any insurance company or other person files an insurance application or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal or civil penalties. . I acknowledge that I have received and reviewed the attached Fraud Notice, which sets forth information that my state of residence may require Hartford to provide to its claimants.

Under penalties of perjury, I certify that: (1) the social security number or taxpayer identification number set forth above is my correct tax identification number; and (2) I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or (b) the IRS has notified me that I am no longer subject to backup withholding. (Note: Strike out certification number 2 if you are subject to backup withholding under section 3406(a)(1)(c) of the Internal Revenue Code.)

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

Signature of Beneficiary



Date 3 / 13 / 09

025854



VERIFICATION OF TRUST AGREEMENT

RE: Policy # [REDACTED]

Insured: Carol V Kennedy

1. It is hereby declared that:

- a. The undersigned is a Trustee under a Trust Agreement dated 7/2/08 entered into with the decedent and under the terms of said Trust Agreement, the full power and authority to collect and receive the proceeds of said policy(ies) is(are) vested in the following Trustee(s):

Katherine G. DeMocker

- b. The above described policy(ies) represent a part of the Corpus of said Trust and has not been withdrawn from said Trust.
c. Said Trust Agreement is still in full force and effect and has not been revoked.

This statement is made for the purpose of inducing the Hartford Life and Annuity Insurance Company to pay the proceeds of said Policy(ies) to the above named Trustee(s).

SIGNATURES:

Trustee(s) (Individual)

Trustee (Corporate)

Katherine G. DeMocker

**Trust Tax ID # _____

WITNESS:

Chris Kotke

DATED:

3/13/09

025890

MURPHY, SCHMITT, HATHAWAY and WILSON, P.L.L.C.

ATTORNEYS AT LAW
ELKS BUILDING, 117 E. GURLEY STREET
PRESCOTT, ARIZONA 86301
Telephone (928) 445-6860
Fax (928) 445-6488
WWW.MSHWLAW.COM

CHAEEL R. MURPHY*
JBERT E. SCHMITT**
MILTON W. HATHAWAY, JR.
DAN A. WILSON
ANDREW J. BECKE

*Certified Specialist - State Bar of Arizona.
Personal Injury and Wrongful Death
**Also Admitted in California

OF COUNSEL:
SELMER D. LUTEV, P.L.L.C.

OTHER OFFICE LOCATIONS:

101 E. Second Street
Yuma, Arizona 85364
(928) 782-5364

2601 Stockton Hill Road, Suite H-8
Kingman, Arizona 86402
(928) 718-0888

PLEASE REPLY TO:
POST OFFICE BOX 891
PRESCOTT, ARIZONA 86302-0591

March 30, 2009

VIA UPS - OVERNIGHT

Ms. Debbie Dettman
Hartford Life and Annuity Insurance Company
500 Bielenberg Drive
Woodbury, MN 55125

Re: Our Client/Policy Owner: Steven C. DeMocker
Policy Nos.: [REDACTED] and [REDACTED]
Insured: Carol V. Kennedy

Dear Ms. Dettman:

Thank you for the time you and Michelle Kearns have shared with me, both by your responsive letters and our personal communications, to address Hartford's position on who will be the beneficiary/contingent beneficiary under each of the above-referenced life insurance policies following our client's, Mr. Steven DeMocker's, disclaimer of interest under those policies.

We understand that as to Policy No. [REDACTED] the contingent beneficiary (as specifically identified for that policy) will be the Trust created under Will dated 6/23/98 for the benefit of Katherine and Charlotte DeMocker, daughters. As to Policy No. [REDACTED] we understand that the beneficiary will be the Estate of the insured, Carol Kennedy. Your advice and explanation in this regard has been appreciated, and Mr. DeMocker has elected to proceed with his disclaimer of interest under both of the policies.

According, we are enclosing the following:

1. Original, notarized "Disclaimer" signed by Steven C. DeMocker, regarding Policy No. [REDACTED]
2. Original, notarized "Disclaimer" signed by Steven C. DeMocker, regarding Policy No. [REDACTED]

Although this firm does not represent the Trustee of the testamentary trust that is the contingent beneficiary of Policy No. [REDACTED] or the Estate of Carol Kennedy, as a

025848

- MURPHY, SCHMITT, HATHAWAY & WILSON, P.L.L.C.

Ms. Debbie Dettman

Hartford Life and Annuity Insurance Company

March 30, 2009

Page 2

courtesy and to help facilitate and expedite your processing of these beneficiaries' claims to the proceeds (and all accrued interest) under the respective policies, we are also sending the following materials you had requested through your February 13, 2009 and March 11, 2009 letters:

I. Re: Policy No. [REDACTED]

1. Original, completed "Death Benefits Claim Form" signed by the Trustee, Katherine DeMocker, of the Virginia Carol Kennedy testamentary trust.
2. Original, completed "Verification of Trust Agreement" signed by the Trustee, Katherine DeMocker.
3. Court certified copy of "Petition for Formal Probate of Will; Appointment of Personal Representative; and Replacement of Trustee of Testamentary Trust", which has attached to it (and which is also part of the court certification) a copy of the 6/23/98 "Last Will and Testament of Carol Kennedy" which provides for the testamentary trust.
4. Court certified copy of "Order of Formal Probate of Will; Appointment of Personal Representative; and Replacement of Trustee of Testamentary Trust", which accepts Carol Kennedy's 6/23/98 Will into Probate, appoints Katherine DeMocker as Personal Representative of the Estate of Carol Kennedy, and appoints Katherine DeMocker as Trustee of the testamentary trust.

II. Re: Policy No. [REDACTED]

1. Original, completed "Death Benefits Claim Form" signed by the Personal Representative of Carol Kennedy's Estate, Katherine DeMocker.
2. Copy of "Letters of Personal Representative" issued by the Yavapai County, Arizona, Superior Court to Katherine DeMocker.
3. Also please refer to the enclosed materials identified in above paragraphs 3 and 4 regarding Policy No. [REDACTED]

025849

—MURPHY, SCHMITT, HATHAWAY & WILSON, P.L.L.C.

Ms. Debbie Dettman

Hartford Life and Annuity Insurance Company

March 30, 2009

Page 3

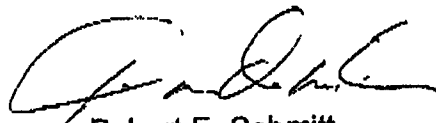
As noted, this firm does not represent either the testamentary trust or its Trustee, or the Estate of Carol Kennedy. Their legal counsel is Mr. Christopher L. Kottke, Vakula Kottke, PLC, 212 E. Gurley Street, Prescott, AZ 86301; P.O. Box 565, Prescott, AZ 86302; telephone: 928-445-1765; facsimile: 928-445-6965. Accordingly, should you have any questions or additional informational needs regarding the claims submissions by these beneficiaries, please contact Mr. Kottke.

You will find from your review of the enclosed Court certified copy of Carol Kennedy's Will that Mr. DeMocker was identified as the primary beneficiary of her Estate. Under Arizona law (A.R.S. § 14-2804) such direction by the Will is believed to be inoperative as a result of the divorce between Mr. DeMocker and Ms. Kennedy (as you know, we had previously sent you a copy of their Divorce Decree). However, to head off any question or potential delay in Hartford's processing of claims to the policies' proceeds that might arise from the direction existing in Ms. Kennedy's Will, we are also enclosing a copy of Mr. DeMocker's "Disclaimer" (the original of which has been delivered to the Personal Representative of Carol Kennedy's Estate, through her counsel) as to any and all interests created by or under Ms. Kennedy's Will.

Thank you for your past and continuing cooperation and assistance in this matter. Should you have any questions or concerns in this regard, or any additional informational needs, please contact one of us as soon as possible.

Sincerely,

MURPHY, SCHMITT, HATHAWAY and WILSON, P.L.L.C.



Robert E. Schmitt
Dan A. Wilson

RES:kak
Enclosures

025850

DISCLAIMER

I, Steven C. DeMocker, as named beneficiary under and owner of that certain life insurance policy identified as Policy No. [REDACTED] (in a face or basic policy coverage amount of [REDACTED]) issued by Hartford Life and Annuity Insurance Company, and insuring Carol Kennedy (whose full name is Virginia Carol Kennedy, and who died on or about July 2, 2008), hereby irrevocably and unconditionally disclaim any and all interest in said policy as beneficiary and owner, including any and all right and interest to the death benefit and/or proceeds payable under the policy by reason of the death of the insured, Carol Kennedy. This disclaimer is executed pursuant to Arizona's Uniform Disclaimer of Property Interests Act, A.R.S. §§ 14-10001, et seq., and, more particularly, the provisions of A.R.S. § 14-10006(A)(2). Further, I hereby authorize and direct delivery and/or filing of this disclaimer in the appropriate manner provided in A.R.S. § 14-10012.

Dated: Mar 3, 2009

Steven C. DeMocker
Steven C. DeMocker, as Beneficiary and
Owner of Policy No. [REDACTED]

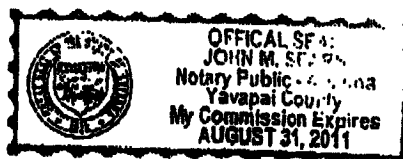
STATE OF ARIZONA)
) ss.
County of Yavapai)

The foregoing instrument was acknowledged before me this 3d day of March, 2009, by STEVEN C. DEMOCKER.

[Signature]
Notary Public

My commission expires:

8/31/11



025851

DISCLAIMER

I, Steven C. DeMocker, as named beneficiary under and owner of that certain life insurance policy identified as Policy No. [REDACTED] (in a face or basic policy coverage amount of [REDACTED] issued by Hartford Life and Annuity Insurance Company, and insuring Carol Kennedy (whose full name is Virginia Carol Kennedy, and who died on or about July 2, 2008), hereby irrevocably and unconditionally disclaim any and all interest in said policy as beneficiary and owner, including any and all right and interest to the death benefit and/or proceeds payable under the policy by reason of the death of the insured, Carol Kennedy. This disclaimer is executed pursuant to Arizona's Uniform Disclaimer of Property Interests Act, A.R.S. §§ 14-10001, et seq., and, more particularly, the provisions of A.R.S. § 14-10006(A)(2). Further, I hereby authorize and direct delivery and/or filing of this disclaimer in the appropriate manner provided in A.R.S. § 14-10012.

Dated: Mar 3, 2009

Steven C. DeMocker
Steven C. DeMocker, as Beneficiary and
Owner of Policy No. [REDACTED]

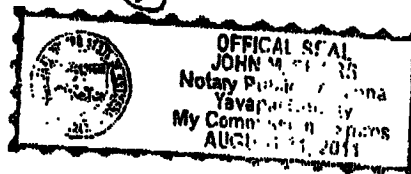
STATE OF ARIZONA)
) ss.
County of Yavapai)

The foregoing instrument was acknowledged before me this 30 day of March, 2009, by STEVEN C. DEMOCKER.

John M. [Signature]
Notary Public

My commission expires:

6/30/11



025852

DISCLAIMER

I, Steven C. DeMocker, as former husband of Carol Kennedy (whose full name is Virginia Carol Kennedy, and who died on or about July 2, 2008) and as a devisee and/or beneficiary identified in that "Last Will and Testament of Carol Kennedy" dated June 23, 1998 (which has been admitted to probate in Yavapai County, Arizona, Superior Court Case No. PB2008-0202), hereby irrevocably and unconditionally disclaim any and all interest in my favor (whether as to disposition of property, appointment to a fiduciary capacity, power over property, or otherwise) created by or under said June 23, 1998 "Last Will and Testament of Carol Kennedy." This disclaimer is executed pursuant to Arizona's Uniform Disclaimer of Property Interests Act, A.R.S. §§ 14-10001, et seq., and, I hereby authorize and direct delivery and/or filing of this disclaimer in the appropriate manner provided in A.R.S. § 14-10012.

Dated: March 24, 2009

Steven C. DeMocker
Steven C. DeMocker

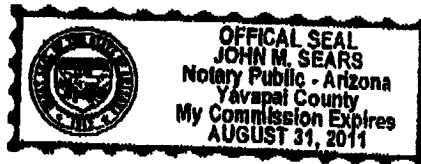
STATE OF ARIZONA)
) ss.
County of Yavapai)

The foregoing instrument was acknowledged before me this 24th day of March, 2009, by STEVEN C. DEMOCKER.

[Signature]
Notary Public

My commission expires:

8/31/11



026046

Amount: \$236,870.56

Account: [REDACTED]

Bank Number: [REDACTED]

Sequence Number: [REDACTED]

Capture Date: 04/23/2009

Check Number: [REDACTED]

DO NOT CASH IF 2 COLOR BACKGROUND OR WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY WATERMARKED PAPER.

Hartford Life and Annuity

Individual Life Operations

PO Box 64582 - St. Paul, MN 55164-0582

Telephone (763) 255-7000

50-937

213



Co Source Check req Policy number
102 J jcdde [REDACTED]

Check date

04/13/2009

Check no.

[REDACTED]

PAY*Two Hundred Fifty Six Thousand Eight Hundred Thirty Dollars And 56/100*****

JPMorgan Chase Bank

6040 Tarbell Road

Syracuse, New York 13206

VOID IF NOT CASHED IN 180 DAYS

\$256,830.56****

To the order of:

VIRGINIA C KENNEDY TESTAMENTARY TRUST

212 E GURLEY ST

PRESCOTT

AZ 86301

John M. Nimalis

Authorized Signature

[REDACTED]

[REDACTED]

THIS IS WATERMARKED PAPER.
DO NOT ACCEPT WITHOUT NOTING WATERMARK.
HOLD TO LIGHT TO
VERIFY WATERMARK.
Endorsement of this check certifies entitlement to this payment
for benefits or services. False representation could result in
civil or criminal penalties.
**CREDITED TO THE ACCOUNT OF
THE WITHIN NAMED PAYEE
BANK OF AMERICA, N.A.
ACCOUNT NO. [REDACTED]**

0035 50135

BANK OF AMERICA, N.A. TPE
E321 94 P06
04/23/09

025811

102 04/13/09 jcdde
\$513,661.11 513567
KATHERINE G DEMOCKER, PERSONAL REPRESENTATIVE
Insured: Virginia C Kennedy

Death Benefit

Rev 07/10/2003 CDS-004 FORM Printed in U.S.A.

Retain this document for tax purposes.

Hartford Life and Annuity

Individual Life Operations

PO Box 64582 - St. Paul, MN 55164-0582

Telephone (763) 255-7000

50-937

213



Co Source Check req Policy number
102 J jcdde

Check date Check no.
04/13/2009

PAY*Five Hundred Thirteen Thousand Six Hundred Sixty One Dollars And 11/100*****

JPMorgan Chase Bank
6040 Tarbell Road
Syracuse, New York 13206
VOID IF NOT CASHED IN 180 DAYS

To the order of:

**KATHERINE G DEMOCKER, PERSONAL REPRESENTATIVE
OF THE ESTATE OF VIRGINIA C KENNEDY
212 E GURLEY ST
PRESCOTT**

AZ 86301

\$513,661.11****

John M. Daniels
026080

ESTATE OF VIRGINIA CAROL KENNEDY
KATHERINE G DEMOCKER, PERSONAL REP

Page 2 of 4
Statement Period
04/01/09 through 04/30/09
EO P PA 0A 51
Enclosures 0
Account Number [REDACTED]

Deposit Accounts

Business Economy Checking

ESTATE OF VIRGINIA CAROL KENNEDY KATHERINE G DEMOCKER, PERSONAL REP

Your Account at a Glance

Account Number	[REDACTED]	Statement Beginning Balance	[REDACTED]
Statement Period	04/01/09 through 04/30/09	Amount of Deposits/Credits	[REDACTED]
Number of Deposits/Credits	1	Amount of Withdrawals/Debits	[REDACTED]
Number of Withdrawals/Debits	4	Statement Ending Balance	[REDACTED]
Number of Deposited Items	1	Average Ledger Balance	[REDACTED]
Number of Days in Cycle	30	Service Charge	\$0.00

Remember, by using your Bank of America Small Business Check Card, Bank of America provides you with another way to avoid the monthly maintenance fee on your business checking account.

Deposits and Credits

Date Posted	Amount (\$)	Description	Bank Reference
04/16	[REDACTED]	Counter Credit	813003350556365

Withdrawals and Debits Checks

Check Number	Amount (\$)	Date Posted	Bank Reference	Check Number	Amount (\$)	Date Posted	Bank Reference
1004	[REDACTED]	04/27	813009492670379	1006	[REDACTED]	04/21	813009992835022
1005	[REDACTED]	04/27	813003350520258	1009*	[REDACTED]	04/23	813003250264102

* Gap in sequential check numbers

Daily Ledger Balances

Date	Balance (\$)	Date	Balance (\$)	Date	Balance (\$)
04/01	[REDACTED]	04/21	[REDACTED]	04/27	[REDACTED]
04/16	[REDACTED]	04/23	[REDACTED]		

VIRGINIA CAROL KENNDY TESTAMENTARY
TRUST DTD JULY 2, 2008
KATHERINE G. DEMOCKER, TTEE

Page 2 of 3
Statement Period
04/23/09 through 04/30/09
EO P PA 0A 51
Enclosures 0
Account Number [REDACTED]

Deposit Accounts

Business Advantage Checking

VIRGINIA CAROL KENNDY TESTAMENTARY TRUST DTD JULY 2, 2008
KATHERINE G. DEMOCKER, TTEE

Your Account at a Glance

Account Number	[REDACTED]	Statement Beginning Balance	\$0.00
Statement Period	04/23/09 through 04/30/09	Amount of Deposits/Credits	[REDACTED]
Number of Deposits/Credits	1	Amount of Withdrawals/Debits	\$0.00
Number of Withdrawals/Debits	0	Statement Ending Balance	[REDACTED]
Number of Deposited Items	0	Average Ledger Balance	[REDACTED]
Number of Days in Cycle	8	Service Charge	\$0.00

Your Business Advantage Pricing Relationship

Account Name	Account Number	Qualifying Type of Balance (\$)	Type of Balance	Date
Business Advantage Checking	[REDACTED]	Average		04-29
Total Qualifying Balance		[REDACTED]		

Thank you for banking with us. With the balances in your accounts, there is no monthly maintenance fee for your Business Advantage account this month.

Deposits and Credits

Date Posted	Amount (\$)	Description	Bank Reference
04/23	[REDACTED]	Deposit	813003250272067


Daily Ledger Balances

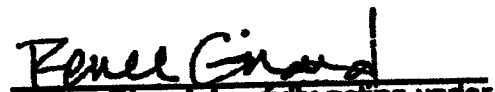
Date	Balance (\$)
04/23	[REDACTED]

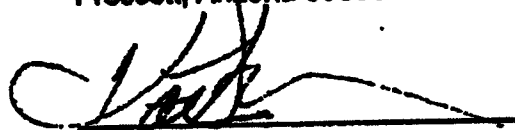
ACCEPTANCE OF RESIGNATION
and
APPOINTMENT OF TRUSTEE

We, the undersigned Qualified Beneficiaries, or legal representatives of the Qualified Beneficiaries of the VIRGINIA CAROLINE KENNEDY TESTAMENTARY TRUST, Dated July 2, 2008 (the "Trust"), pursuant to A.R.S. § 14-10704(C)(2), accept KATHERINE G. DEMOCKER's Resignation as Trustee of the Trust, forever releasing and holding her, her heirs, successors, representatives and assigns harmless from any and all liability related to such Resignation, and hereby consent to the Appointment of RENEE GIRARD, currently of 1716 Alpine Meadows Lane, #1405, Prescott, Arizona 86303, as Trustee of the Trust.

DATED this 10 day of July, 2009.


Steven A. DeMocker, Guardian of
Charlotte R. DeMocker
c/o John M. Sears, Esq.
107 North Cortez Street, #104
Prescott, Arizona 86301


Renee Girard, Lawfully acting under
Parental Power of Attorney for
Charlotte R. DeMocker
1716 Alpine Meadows Lane, #1405
Prescott, Arizona 86303


Katherine G. Democker


RESIGNATION OF TRUSTEE,
ACCEPTANCE OF RESIGNATION
AND
APPOINTMENT OF TRUSTEE

CERTIFIED TO BE A TRUE AND EXACT
COPY OF THE ORIGINAL DOCUMENT
BANK OF AMERICA, N.A.
PRESIDENT DOWNTOWN ROOMS
BY Mrs. J. L. Adams
NAME & TITLE

RESIGNATION OF TRUSTEE

Pursuant to A.R.S. § 14-10705, I, KATHERINE G. DEMOCKER, the duly acting and appointed Trustee of the VIRGINIA CAROLINE KENNEDY TESTAMENTARY TRUST, Dated July 2, 2008 (Attached as Exhibit "A")(the "Trust"), provide notice as of August 5, 2009, that I shall resign as Trustee of the Trust, effective August 15, 2009 or the date of Acceptance of a Successor Trustee, whichever is later, with the assent and approval of the Qualified Beneficiaries of the Trust, pursuant to the terms of A.R.S. § 14-10704.

DATED effective the 5th day August, 2009.


Katherine G. DeMocker

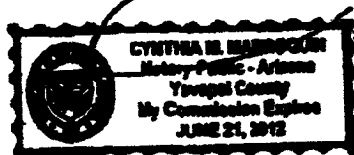
STATE OF ARIZONA)
) ss.
County of Yavapai)

The foregoing acceptance was acknowledged before me this 17th day of August, 2009, by Katherine G. DeMocker, for the purpose stated therein.


Notary Public

My Commission Expires:


6/2/02



ACCEPTANCE AS TRUSTEE


The undersigned acknowledges the Resignation of KATHERINE G. DEMOCKER, as Trustee of the VIRGINIA CAROLINE KENNEDY TESTAMENTARY TRUST, Dated July 2, 2008 (the "Trust"), and hereby accepts the Appointment as Trustee of the Trust pursuant to the terms of the Trust, all as of the date of the this instrument, the effective date of the Resignation and Acceptance.

DATED this 28th day of August, 2009.


Renee Girard

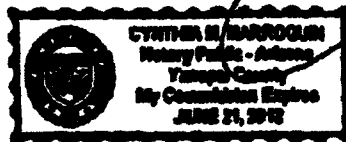
STATE OF ARIZONA)
) ss.
County of Yavapai)

The foregoing acceptance was acknowledged before me this 28th day of August, 2009, by Renee Girard, for the purpose stated therein.


Notary Public

My Commission Expires:

6/21/2012



ESTATE OF VIRGINIA CAROL KENNEDY
KATHERINE G DEMOCKER, PERSONAL REP

Page 2 of 4
Statement Period
08/01/09 through 08/31/09
EO P PA 0A 51
Enclosures 0
Account Number [REDACTED]

Withdrawals and Debits

Other Debits

Date Posted	Amount (\$)	Description	Bank Reference
08/12	[REDACTED]	Online Banking transfer to Chk [REDACTED] Confirmation# [REDACTED]	957208127538528

Daily Ledger Balances

Date	Balance (\$)	Date	Balance (\$)
08/01	[REDACTED]	08/12	0.00

VIRGINIA CAROL KENNEDY TESTAMENTARY
TRUST DTD JULY 2, 2008
KATHERINE G. DEMOCKER, TTEE

Page 2 of 3
Statement Period
08/01/09 through 08/31/09
EO P PA 0A 51
Enclosures 0
Account Number [REDACTED]

Your Business Advantage Pricing Relationship

Account Name	Account Number	Qualifying Balance (\$)	Type of Balance	Date
Business Advantage Checking	[REDACTED]	[REDACTED]	Average	08-28
Total Qualifying Balance		[REDACTED]		

Thank you for banking with us. With the balances in your accounts, there is no monthly maintenance fee for your Business Advantage account this month.

Deposits and Credits

Date Posted	Amount (\$)	Description	Bank Reference
08/12	[REDACTED]	Online Banking transfer from Chk [REDACTED] Confirmation# [REDACTED]	957208127538529

Withdrawals and Debits

Other Debits

Date Posted	Amount (\$)	Description	Bank Reference
08/17	[REDACTED]	Counter Debit	813003150475922
08/17	[REDACTED]	Online Banking transfer to Chk [REDACTED] Confirmation# [REDACTED]	957308177578634

Daily Ledger Balances

Date	Balance (\$)	Date	Balance (\$)	Date	Balance (\$)
08/01	[REDACTED]	08/12	[REDACTED]	08/17	[REDACTED]

KATHERINE G DEMOCKER

Combined Statement
 Page 2 of 6
 Statement Period
 07-29-09 through 08-26-09
 B 17 E A E PA 17
 Number of checks enclosed: 0

Deposit Accounts

CampusEdge Checking

KATHERINE G DEMOCKER

Your Account at a Glance

Account Number

Beginning Balance on 07-29-09

Deposits and Other Additions

ATM and Debit Card Subtractions

Service Charges and Other Fees

Other Subtractions

Ending Balance on 08-26-09

Your account has overdraft protection provided by
 Deposit Account number

CampusEdge Checking Additions

Deposits and Other Additions	Date Posted	Amount(\$)
BkofAmerica ATM 08/08 #000001731 Deposit	08-10	
Eagle Rock Los Angeles CA		
Online Banking transfer from Chk	08-17	
Confirmation#		
Total Deposits and Other Additions		

CampusEdge Checking Subtractions

ATM and Debit Card Subtractions	Date Posted	Amount(\$)
	07-29	49.70
	07-30	13.14
	07-31	10.70
	08-03	36.78
	08-03	30.00
	08-03	22.00
	08-04	63.38
	08-04	18.63
	08-04	10.50
	08-05	16.27
	08-06	23.54
	08-06	11.61

026586

Transaction Information

Detail Transaction History Comment History

RTN: [REDACTED] Status: Completed

Transaction Number: 1060148
IMAD: [REDACTED]
Transaction Type: Wire In
CAN Number: 30917
Amount: \$350,000.00 Effective: 8/27/2009

Detail

Credit Union Name: Pittsford FCU
Primary Phone: (585) 624-7474
Type Code: CTR - 1000
IMAD: [REDACTED]
Receiving Institution: 221381715; EMPIRE CORP FCU; Albany, NY.
Sending Institution: 026009593; BK AMER NYC.
Purpose:
Originator: KATHERINE G DEMOCKER: [REDACTED]; OCCIDENTAL COLLEGE, 1600
CAMPUS RD 0476, LOS ANGELES CA 90041-3314.
Beneficiary: JOHN DEMOCKER AND JANICE DEMOCKER: [REDACTED]
Instructions: FOR FURTHER CREDIT PITTSFORD FEDERAL CREDIT UNION ABA [REDACTED]
Beneficiary FI:
Instructions:
Intermediate FI:
Instructions:
Receiving FI Information:
Drawdown Payment Advice
Information:
Intermediary FI Information:
Intermediary FI Paydown Advice:
Drawdown Debit:
Beneficiary FI Payment Advice:
Beneficiary Payment Advice:
Beneficiary Payment Instructions:
OMAD: [REDACTED]
Beneficiary Reference:
FRB Acceptance:
Error Indication:
Adjustment Info:
Drawdown Credit To:
Originator FI: BOFAUS3N
Instruction FI:
Sender Reference:

026645

STATEMENT OF ACCOUNT Continued...

Statement Period: 8/1/2009 through 8/31/2009

Account Owner: JOHN C DEMOCKER M D OR
JANICE DEMOCKER

Page 2 of 3

Account Activity

Date	Description	Amount	Balance
CHECKING			
08/01	PREVIOUS BALANCE		
08/06	DEPOSIT		
08/06	TRANSFER FRM SV 5470710		
08/06	CHECK NUMBER 8592		
08/06	CHECK NUMBER 8585		
08/07	CHECK NUMBER 8593		
08/10	CHECK NUMBER 8594		
08/11	CHECK NUMBER 8597		
08/11	CHECK NUMBER 8598		
08/12	CHECK NUMBER 8595		
08/14	DEPOSIT		
08/14	ATM WITHDRAWAL MENDON LOBBY		
	1321 PITTSFORD-MENDON R MENDON NY		
	SEQ#92268622 DATE 8/14/09 TIME 15:13		
08/17	CHECK NUMBER 8599		
08/17	CHECK NUMBER 8596		
08/18	CHECK NUMBER 8600		
08/19	DEPOSIT		
08/19	CHECK NUMBER 8602		
08/27	CHECK NUMBER 8603		
08/27	CHECK NUMBER 8604		
08/28	PMT TO LOC 5470760		
08/31	CHECK NUMBER 8606		
08/31	CHECK NUMBER 8605		
08/31	DIVIDEND EARNED		
08/31	NEW BALANCE		
	ANNUAL PERCENTAGE YIELD EARNED (APYE) .15%		
	FOR THE PERIOD 08/01/09 THROUGH 08/31/09		
	YTD DIVIDEND \$4.85		

Summary of Checks Paid

Check No.	Date Paid	Amount	Check No.	Date Paid	Amount	Check No.	Date Paid	Amount
8585	08/06		8596	08/17		8602*	08/19	
8592*	08/06		8597	08/11		8603	08/27	
8593	08/07		8598	08/11		8604	08/27	
8594	08/10		8599	08/17		8605	08/31	
8595	08/12		8600	08/18		8606	08/31	
					Total Checks Paid			

Account Activity

Date	Description	Amount	Balance
SAVINGS			
08/01	PREVIOUS BALANCE		
08/27	WIRE1060148 KATHERINE C DEMOCKER		
08/28	WIRE TRANSFER TO WELLS FARGO BAN		
	K NA. BENEFICIARY:		
	OSBORN MELDON P.A., PHOENIX AZ.		
	SEQ#1062017		
08/28	WIRE TRANSFER FEE		
08/28	WIRE TRANSFER TO NATIONAL BANK O		
	F ARIZONA, BENIF		
	ICIARY: LAW OFFICES OF JOHN M SE		
	ARS, SEQ#1062225		
08/28	WIRE TRANSFER FEE		

026649

ACCEPTANCE OF RESIGNATION
and
APPOINTMENT OF TRUSTEE

We, the undersigned Qualified Beneficiaries, or legal representatives of the Qualified Beneficiaries of the VIRGINIA CAROLINE KENNEDY TESTAMENTARY TRUST, Dated July 2, 2008 (the "Trust"), pursuant to A.R.S. § 14-10704(C)(2), accept KATHERINE G. DEMOCKER's Resignation as Trustee of the Trust, forever releasing and holding her, her heirs, successors, representatives and assigns harmless from any and all liability related to such Resignation, and hereby consent to the Appointment of RENEE GIRARD, currently of 1716 Alpine Meadows Lane, #1405, Prescott, Arizona 86303, as Trustee of the Trust.

DATED this 5th day of August, 2009.

Steven A. DeMocker, Guardian of
Charlotte R. DeMocker
c/o John M. Sears, Esq.
107 North Cortez Street, #104
Prescott, Arizona 86301

Renee Girard
Renee Girard, Lawfully acting under
Parental Power of Attorney for
Charlotte R. DeMocker
1716 Alpine Meadows Lane, #1405
Prescott, Arizona 86303

Katherine G. DeMocker
Katherine G. DeMocker

BANK OF AMERICA, N.A. (THE "BANK")

☐ Temporary Signature Card

Account Number
 Account Type BUSINESS ECONOMY CHKG
 Account Title VIRGINIA CAROLINE KENNEDY
TESTAMENTARY TRUST DTD JULY 2 2008
RENEE GIRARD TTEE
 Tax Identification Number 26-6830975

By signing below, I/we agree that this account is and shall be governed by the terms and conditions set forth in the following documents, as amended from time to time: (1) the Deposit Agreement and Disclosures, (2) the Business Schedule of Fees, and (3) the Miscellaneous Fees for Business Accounts, and I/we further acknowledge the receipt of these documents. By signing below, I/we certify (1) that all of the below named person(s) are those persons currently empowered to act under the resolutions and/or court documents and/or other agreements authorizing this account, (2) that the specimen signature set forth opposite the name of each person is true and genuine and (3) the Substitute Form W-9 certification.

Substitute Form W-9. Certification - Under penalties of perjury, I certify that: (1) The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) The IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).

Certification Instructions

You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. (See also IRS instructions for Form W-9.)

☐ Exempt (check if applicable)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Name (typed or printed)

Title (if applicable)

Signature

1. RENEE GIRARDTRUSTEERenee Girard2. 3. 4. 5. **ATM/Deposit/Check Card Request**

Provided that the account referenced above is eligible to receive automated teller machine cards and/or Check Cards, I (as authorized by the resolutions and/or court documents and/or other agreements which authorize this account) hereby request the issuance of such cards to any of the authorized signers on this account.

Signature

Title

Bank Information**Customer 1**Name Review Information **Customer 2**Name Review Information

Date

09/21/2009

Banking Center Name

PRESCOTT DOWNTOWN

Associate's Name

LINDA M ABNEY

Associate's Phone Number

928-778-1350NAZ
06-14-0004M 06-2001

025817

VIRGINIA CAROLINE KENNEDY
 TESTAMENTARY TRUST DTD JULY 2 2008
 RENEE GIRARD TTEE

Page 2 of 3
 Statement Period
 10/01/09 through 10/31/09
 ED P PA 0A 51
 Enclosures 0
 Account Number [REDACTED]

Your Business Advantage Pricing Relationship

Account Name	Account Number	Qualifying Balance (\$)	Type of Balance	Date
Business Advantage Checking	[REDACTED]	[REDACTED]	Average	10-29
Total Qualifying Balance		[REDACTED]		

Thank you for banking with us. With the balances in your accounts, there is no monthly maintenance fee for your Business Advantage account this month.

Withdrawals and Debits

Other Debits

Date Posted	Amount (\$)	Description	Bank Reference
10/19	350,000.00	AZ Tlr transfer to Chk 6024 Banking Ctr Prescott Downtown Confirmation# [REDACTED]	#0008523 AZ 957610197548573

Daily Ledger Balances

Date	Balance (\$)	Date	Balance (\$)
10/01	354,737.54	10/19	[REDACTED]

STEVEN DEMOCKER
CHARLOTTE DEMOCKER

Combined Statement
Page 2 of 5
Statement Period
10-08-09 through 11-04-09
B 04 E A E PA 4
Number of checks enclosed: 0

Deposit Accounts

Hello Kitty 1.800.696.6346 - Customer Service
CampusEdge Checking

STEVEN DEMOCKER CHARLOTTE DEMOCKER

Your Account at a Glance

Account Number	
Beginning Balance on 10-08-09	\$ [REDACTED]
Deposits and Other Additions	+ 350,748.95
ATM and Debit Card Subtractions	- [REDACTED]
Service Charges and Other Fees	- [REDACTED]
Other Subtractions	- 350,002.53
Ending Balance on 11-04-09	\$ [REDACTED]

CampusEdge Checking Additions and Subtractions

Date Posted	Amount(\$)	Resulting Balances(\$)	Transactions
10-09	200.00 +	212.83	
10-13	160.00-	52.83	
10-13	16.50-	36.33	
10-13	9.50-	26.83	
10-13	8.13-	18.70	
10-13	1.87-	16.83	
10-19	350,000.00 +	350,016.83	
10-19	25.00 +	350,041.83	
10-22	23.29 +	350,065.12	
10-23	350,000.00-	65.12	
10-23	25.00-	40.12	
10-26	14.34-	25.78	
10-26	0.66-	25.12	
10-27	0.66 +	25.78	
10-27	15.00-	10.78	

Transaction Information

Detail Transaction History Comment History

RTN: [REDACTED] Status: Completed
Transaction Number: 1148552
IMAD: [REDACTED]
Transaction Type: Wire In
CAN Number: 58529
Amount: \$350,000.00 Effective: 10/23/2009

Detail

Credit Union Name: Pittsford FCU
Primary Phone: (585) 824-7474
Type Code: CTR - 1000
IMAD: [REDACTED]
Receiving Institution: 221381715; EMPIRE CORP FCU; Albany, NY.
Sending Institution: 026009593; BK AMER NYC.
Purpose:
Originator: STEVEN DEMOCKER: [REDACTED]; CHARLOTTE DEMOCKER, [REDACTED]
Beneficiary: PITTSFORD FEDERAL CREDIT UNION: [REDACTED] ROCHESTER NYUS, . .
Instructions: FOR FURTHER CREDIT TO: JAN DEMOCKERACCT [REDACTED]
Beneficiary FI:
Instructions:
Intermediate FI:
Instructions:
Receiving FI Information:
Drawdown Payment Advice
Information:
Intermediary FI Information:
Intermediary FI Paydown Advice:
Drawdown Debit:
Beneficiary FI Payment Advice:
Beneficiary Payment Advice:
Beneficiary Payment Instructions:
OMAD: [REDACTED]
Beneficiary Reference: [REDACTED]
FRB Acceptance: 10231411FT01
Error Indication:
Adjustment Info:
Drawdown Credit To:
Originator FI: BOFAUS3N
Instruction FI:
Sender Reference: [REDACTED]

025830

Member Share Drafts
IMAGE INQUIRY SELECTION

Print this Page

Trace No.	Account	Draft	Date	Amount
			10/27/2009	250,000.00

John E. DeMocker
Janice DeMocker

8635
90-6181/2223

☐ SPS OK
☐ FTX OK
☐ CTR OK

Nov 20, 2009

Osborn Maledon \$ 250,000.00

two hundred & fifty thousand & 00/100 Dollars

Pittsford
80 TOWN VILLAGE ROAD - P.O. BOX 340
PITTSFORD, NEW YORK 14531
(800) 635-7070
www.Pittsford.org

Janice DeMocker

FOR DEPOSIT ONLY
WELLS FARGO BANK ARIZONA, N.A.
PHOENIX, AZ 85012
ARIZONA BAR FOUNDATION TRUST ACCOUNT
OSBORN MALEDON P A

The following secretary has been (and officers not able to execute) authorized:

Secretary: [Signature]

President: [Signature]

President has been authorized to execute all documents on behalf of the corporation.

025834

Member Share Drafts

IMAGE INQUIRY SELECTION

Print this Page

Trace No.	Account	Draft	Date	Amount
[REDACTED]	[REDACTED]	[REDACTED]	10/28/2009	100,000.00

John C. DeMocker
Janice DeMocker

50-8191/2222

Oct. 20, 2009

Pay to the order of John Sears \$ 100,000.00

One Hundred Thousand & 00/100

Pittsford 30 TORY VILLAGE ROAD - P.O. BOX 248
PITTSFORD, NEW YORK 14850
585-224-3471
www.PittsfordNY.org

Janice DeMocker

LIBERTY

PAY TO THE ORDER OF
THE ST. CROIX BANK
FOR DEPOSIT ONLY
JOHN M. SEARS, ATTORNEY

025835